

<b>Case Number:</b>	CM15-0040262		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	04/25/2013
<b>Decision Date:</b>	04/14/2015	<b>UR Denial Date:</b>	02/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Illinois, California, Texas  
 Certification(s)/Specialty: Orthopedic Surgery

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52-year-old female who sustained an industrial injury on 04/25/13. Injury occurred relative to a trip and fall. She landed on her left side injuring her neck and left cheek, shoulder, breast, and wrist. She underwent left shoulder arthroscopic subacromial decompression, debridement of partial thickness rotator cuff tear, Mumford, synovectomy, and bursectomy on 4/2/14. The 10/31/14 physical therapy note indicated the patient was independent in a home exercise program. The urine drug screens on 8/29/14, 11/5/14 and 12/3/14 were reported as inconsistent, with no medications detected. The progress reports from 8/29/14 to 12/26/14 documented essentially no change in the subjective or objective presentation. Norco was prescribed throughout this period for breakthrough pain in addition to Tramadol. Both medications were noted as dispensed on 8/29/14 and 10/15/14. There is no objective measurable functional improvement documented with medication use, or specific pain reduction noted with medication use. The 12/30/14 electrodiagnostic documented evidence of possible left carpal tunnel syndrome and positive left wrist ulnar tardive palsy. There was no evidence for radiculopathy. The 1/28/15 treating physician report cited grade 6/10 left shoulder and wrist pain, and grade 6/10 cervical pain with left greater than right upper extremity symptoms. Medications included hydrocodone 7.5 mg twice a day, Ambien and Lidoderm. Medication facilitated significant increase in tolerance to activity. Physical exam documented diffuse left shoulder tenderness and range of motion limited with pain. Cervical, trapezius and deltoid muscle spasms were noted. Cervical and left wrist exam were unchanged. The diagnosis was status post left shoulder surgery 4/2/14, cervical pain with upper extremity symptoms, and left

facial trauma. The treatment plan recommended additional physical therapy left shoulder and cervical spine 2x4, home exercise, physical therapy left wrist 3x4, and hydrocodone 7.5 mg #60. The patient was temporarily partially disabled with no repetitive at or above shoulder level activities with the left shoulder, no repetitive cervical rotation/flexion activities, and no repetitive left hand gripping, grasping, or fine manipulation work. The 2/3/15 utilization review non-certified the requests for left wrist and cervical physical therapy, post-op left shoulder physical therapy and hydrocodone based on the absence of physical exam documentation to support medical necessity.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Physical therapy for left wrist: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria has not been met. There is no documentation of functional treatment goals for the requested physical therapy. There is no functional assessment or specific functional deficit identified. There are no current exam findings provided relative to the left wrist. Therefore, this request is not medically necessary.

**Physical therapy for the cervical spine: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** The California MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria has not been met. There is no documentation of functional treatment goals for the requested physical therapy. There is no functional assessment or specific functional deficit identified. Cervical exam findings are limited to regional muscle spasms. Therefore, this request is not medically necessary.

**Post-op physical therapy for left shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Introduction; Physical Medicine Page(s): 9, 98-99.

**Decision rationale:** California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. Guideline criteria has not been met. There is no documentation of functional treatment goals for the requested physical therapy. There is no functional assessment or specific functional deficit identified. There is no compelling reason to support the medical necessity of additional supervised physical therapy over an independent home exercise program. Therefore, this request is not medically necessary.

**Hydrocodone 10/325mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Hydrocodone/acetaminophen Page(s): 76-80, 91.

**Decision rationale:** The California MTUS guidelines support the use of hydrocodone/acetaminophen (Norco) for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. On-going management requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guideline criteria has not been met for on-going use of Norco in the absence of guideline required documentation. There is no current documentation of reduced pain and objective functional benefit relative to medication use. There is no evidence that the patient is actually using this medication. The quantity of medication being prescribed is not provided. Therefore, this request is not medically necessary.