

Case Number:	CM15-0047901		
Date Assigned:	03/19/2015	Date of Injury:	01/27/2014
Decision Date:	04/24/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/13/2015

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: New Jersey, New York
Certification(s)/Specialty: Family Practice

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 28 year old male, who sustained an industrial injury on January 27, 2014. He has reported lower back pain, right shoulder pain, and right leg pain. Diagnoses have included lumbar spine strain, right lower extremity radicular pain, supraspinatus and infraspinatus tendonitis, and scapular bursitis with biceps tendon tenosynovitis. Treatment to date has included medications, physical therapy, and imaging studies. A progress note dated February 10, 2015 indicates a chief complaint of worsening lower back pain, and right shoulder pain. The treating physician documented a plan of care that included chiropractic care, physical therapy, and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

2 times 6 physical therapy of right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98-99.

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

Decision rationale: The request for more physical therapy is not medically necessary. The patient has already had 12 sessions of physical therapy with improvement in range of motion. As per MTUS guidelines, patients are expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The recommended number of sessions for myalgias is 9-10 visits over 8 weeks, and for radiculitis are 8-10 visits over 4 weeks. The patient would exceed this limit with the requested amount of PT sessions. He should be continuing a home exercise program at this point. Therefore, this request is considered not medically necessary.

Tylenol #3 (Codeine 30/Acetaminophen 300) #90, 1 tab by mouth every 8 hours for pain,:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request for Tylenol #3 is not medically necessary. Tylenol #3 contains codeine and acetaminophen. The chart does not provide any objective documentation of improvement in pain and function with the use of Tylenol #3. There are no documented urine drug screens or drug contracts, or long-term goals for treatment. The 4 A's of ongoing monitoring were not adequately documented. Because there was no documented improvement in pain or evidence of objective functional gains with the use of Tylenol #3, the evidence for long-term efficacy is limited, and there is high abuse potential, the request is considered not medically necessary.