

Case Number:	CM15-0083853		
Date Assigned:	05/06/2015	Date of Injury:	07/21/2014
Decision Date:	06/04/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/01/2015

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: California
 Certification(s)/Specialty: Emergency Medicine

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 33 year old male, who sustained an industrial injury on 07/21/2014. He has reported subsequent neck, bilateral shoulder, low back and bilateral knee pain and was diagnosed with cervical and lumbar spine strain, bilateral shoulder girdle strain, cervical and lumbar spine disc protrusion, cervical radicular syndrome and internal derangement of the bilateral knees. Treatment to date has included oral pain medication, physical therapy and chiropractic therapy. In a progress note dated 03/25/2015, the injured worker complained of a flare up of low back pain and bilateral knee pain. Objective findings were notable for tenderness to palpation of the cervical, thoracic and lumbar spine, right shoulder and bilateral knees and reduced range of motion of the cervical, thoracic and lumbar spine. A request for authorization of Tylenol #3 and 12 sessions of physical therapy was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol No. 3 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Codeine, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-79.

Decision rationale: Tylenol #3 is acetaminophen and codeine, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation fails criteria. There is no documentation of improvement in objective pain or function. There is no documentation of assessment of pain using VAS. There is no documentation of monitoring of side effects or abuse or long term plan for opioid therapy. Continued use of Tylenol #3 is not medically necessary.

12 physical therapy sessions: Upheld

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

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

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Maximum number of recommended sessions as per guidelines is 10. Patient has documented prior multiple PT sessions (at least 15 sessions) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Documentation fails to support additional PT sessions and has exceeded recommended maximum sessions. Additional 12 physical therapy sessions are not medically necessary.