

Case Number:	CM15-0232785		
Date Assigned:	12/08/2015	Date of Injury:	02/21/1997
Decision Date:	01/15/2016	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/30/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 62 year old female, who sustained an industrial injury on February 21, 1997, incurring low back, shoulder and knee injuries. She was diagnosed with cervical radiculitis, lumbar radiculopathy, bilateral carpal tunnel syndrome, shoulder bursitis, and bilateral knee osteoarthritis. Treatment included 12 physical therapy visits for her knees, pain medications (Norco started in 2014), cortisone injections with no pain relief, muscle relaxants, anti-inflammatory drugs, and right knee arthroscopic for a meniscal tear and activity restrictions and modifications. Currently, the injured worker complained of ongoing bilateral knee pain, low back pain, and low extremity pain aggravated with activity, sitting, standing and walking long periods of time. She rated her pain 8-9 out of 10 on a pain scale from 0 to 10. She noted clicking and popping of the knees, instability with walking, swelling, stiffness and decreased range of motion of the low back and lower extremities. The injured worker complained of bilateral shoulder pain worse after physical therapy sessions. She noted limited activities of daily living due to her chronic pain including self-care, hygiene, ambulation, hand function and sleep. There were no prior chiropractic sessions in the injured worker's treatment plan. The treatment plan that was requested for authorization included a prescription for Hydrocodone-APAP 7.5-325mg #30 and a request for 8 chiropractic sessions. On October 30, 2015, a request for a prescription for Hydrocodone-APAP and a request for 8 chiropractic sessions were denied by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 7.5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: This 62 year old female has complained of low back pain, knee pain, shoulder pain and neck pain since date of injury 2/21/2997. She has been treated with surgery, physical therapy, steroid injections and medications to include opioids since at least 06/2014. The current request is for Hydrocodone/APAP. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Hydrocodone/APAP is not indicated as medically necessary.

Chiropractic therapy 8 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: This 62 year old female has complained of low back pain, knee pain, shoulder pain and neck pain since date of injury 2/21/2997. She has been treated with surgery, physical therapy, steroid injections and medications. The current request is for chiropractic therapy 8 sessions. Per the MTUS guidelines cited above, manual therapy/manipulation is not recommended for the treatment of chronic knee pain. For the treatment of low back pain, 6 sessions of manual therapy may be performed over the course of 2 weeks and continued if the patient demonstrates functional improvement. The available medical records document that the patient has already received chiropractic therapy in 2013 without evidence of functional improvement. On the basis of the available medical records and per the MTUS guidelines cited above, chiropractic therapy 8 sessions is not indicated as medically necessary.