

<b>Case Number:</b>	CM14-0145259		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	11/01/2002
<b>Decision Date:</b>	10/14/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2014

### 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. The expert reviewer is Board Certified in Internal Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 64-year-old female who reported an injury on 11/01/2002 due to an unknown mechanism. Physical examination on 05/30/2014 revealed complaints of persistent pain in the neck and right shoulder. The pain was described as constant and severe at times. There were reports of numbness and tingling in both hands. Examination of the cervical spine revealed flexion and extension was to 20 degrees. There was tenderness to palpation over the paravertebral musculature with spasm over the trapezial area. Right shoulder revealed flexion and abduction measured 100 degrees. Tenderness was palpable. There was effusion noted. Neurological examination revealed for the upper extremities motor and reflex was normal. Decreased sensation was noted to the middle finger for the right hand. Diagnoses were cervical spine musculoligamentous sprain, rotator cuff syndrome status post rotator cuff repair, right shoulder. Medications were Valium, hydrocodone, Naproxen, Doral, and Flurbiprofen/menthol/capsaicin topical compound cream. The rationale and Request for Authorization were not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy 2x8 ( cervical spine):** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The California Medical Treatment Utilization Schedule states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9 to visits for myalgia and myositis, and 8 to 10 visits may be warranted for treatment of neuralgia, neuritis, and radiculitis. Previous physical therapy sessions were not reported with functional improvement. The clinical information submitted for review does not provide evidence to justify physical therapy 2x8 (cervical spine). Therefore, this request for Physical Therapy 2x8 (cervical spine) is not medically necessary.

**Hydrocodone 10/325mg quantity not requested:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Ongoing Management, page 78, Hydrocodone/Acetaminophen, Page(s): 91.

**Decision rationale:** The California Medical Treatment Utilization Schedule states that hydrocodone/acetaminophen is indicated for moderate to moderately severe pain and there should be documentation of the "4 A's" for Ongoing Management including analgesia, activities of daily living, adverse side effects and aberrant drug taking behavior. The "4 A's" for Ongoing Management were not reported. The request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.