

Case Number:	CM15-0118153		
Date Assigned:	06/26/2015	Date of Injury:	08/08/2007
Decision Date:	07/27/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/18/2015

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: Arizona, California
 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 60 year old female, who sustained an industrial injury on August 8, 2007. The injured worker was diagnosed as having right shoulder impingement, rotator cuff tear, left lateral epicondylitis, bilateral carpal tunnel syndrome, right knee degenerative joint disease (DJD), bilateral knee arthroscopy with partial meniscectomy, tenosynovitis right ankle, right ankle ligament disruption, right ankle partial tear of Achilles tendon, cervical strain/sprain and lumbar degenerative disc disease (DDD). Treatment to date has included surgery, therapy and medication. A progress note dated June 3, 2015 provides the injured worker complains of right ankle pain. She also reports right shoulder and bilateral hand pain. Physical exam notes tenderness on palpation over the Achilles tendon, valgus deformity and painful range of motion (ROM). There is positive impingement of the right shoulder and bilateral positive Tinel's and Phalen's sign and positive carpal tunnel compression. Review of magnetic resonance imaging (MRI) of the right ankle reveals tendinitis, Achilles tendon partial tear, bursitis and osseous edema. The plan includes therapy, ankle brace, arch support and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pool therapy; 6 sessions (1x6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines aqua therapy Page(s): 22.

Decision rationale: Aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy (including swimming) can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The length of treatment recommended is up to 8 sessions. In this case, there is not an indication of inability to perform land-based exercises especially since physical therapy was repeatedly requested and previously performed. The body part to be addressed in the pool is not specified. The request aqua therapy is not medically necessary.

Physical therapy; 12 sessions (2x6): 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: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case the claimant has undergone over 12 sessions of physical and occupational therapy since January 2015. There is no indication that additional therapy cannot be performed at home. The request for additional 12 sessions of physical therapy is not medically necessary.

Norco 5/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Tramadol for several months prior. No one opioid is superior to another. Routine documentation of VAs pain score progress was not noted. The request for Norco is not medically necessary.

