

<b>Case Number:</b>	CM15-0063267		
<b>Date Assigned:</b>	04/09/2015	<b>Date of Injury:</b>	01/21/2013
<b>Decision Date:</b>	05/14/2015	<b>UR Denial Date:</b>	03/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/02/2015

### 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, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, 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 58-year-old male patient who sustained an industrial injury on 01/21/2013. Prior treatment to include TMJ injections, physical therapy, oral night guard, warm compresses and massage, soft diet. A follow up visit dated 05/22/2013 reported the patient having had fallen from a second story building resulting in facial fractures, orbital fracture and now presents with complaint of teeth pain and difficulty chewing on the left side of mouth. Previous diagnostic testing to include: computerized tomography scan, radiographic imaging, magnetic resonance imaging, neurological evaluation, and nerve conduction study. The following diagnoses are applied: cervical spondylosis, cervical herniated nucleus pulposus; wrist arthralgia, and cervical myofascial sprain/strain. An orthopedic follow up dated 09/30/2014 reported subjective complaint of cervical and lumbar spine pain with radiation to bilateral upper extremities. Current medications are: Ambien, Flexiril, Duexis, Voltaren gel, Lidoderm, Nortriptyline, Tramadol and Vicodin. He is temporary total disabled. Recommending the patient attend balance training, physical therapy and psychiatric treatment. Follow up in 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Vicodin 5/300mg #90, provided on date of service: 02/25/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Opioids.

**Decision rationale:** Vicodin is the brand name version of hydrocodone and acetaminophen, which is considered a short-acting opioid. ODG does not recommend the use of opioids for shoulder pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not indicate a range of pain scale for the patient, it does not meet several of the prescribing guidelines, such as documenting intensity of pain after taking opioid, pain relief, increased level of function, improved quality of life, or other objective and functional outcomes, which is necessary for continued ongoing use of opioids. As such, the request for Vicodin 5/300mg #90, provided on date of service: 02/25/15 is not medically necessary.

**Aquatic physical therapy 2x8 for the cervical spine, bilateral shoulders and left wrist:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and Physical Medicine Page(s): 22, 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Aquatic Therapy and Other Medical Treatment Guidelines MD Guidelines, Aquatic Therapy.

**Decision rationale:** California MTUS guidelines state that "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." MD Guidelines similarly states, "If the patient has subacute or chronic LBP and meets criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity, then a trial of aquatic therapy is recommended for the treatment of subacute or chronic LBP." The medical documents provided do not indicate any concerns that patient was extremely obese. Imaging results provided do not report "severe degenerative joint disease." Records provided indicate that the patient received numerous physical therapy sessions (to include home exercises). No objective clinical findings were provided, however, that delineated the outcome of those physical therapy

treatments. Additionally, medical notes provided did not detail reason why the patient is unable to effectively participate in weight-bearing physical activities. Regarding the number of visits, MTUS states "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." ODG states "Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted." At the conclusion of this trial, additional treatment would be assessed based upon documented objective, functional improvement, and appropriate goals for the additional treatment. The number of requested visits is in excess of the initial six-visit trial. The treating physician does not document a reason to grant additional visits in excess of this trial. As such, the current request for Aquatic physical therapy 2x8 for the cervical spine, bilateral shoulders and left wrist is not medically necessary.