

Case Number:	CM14-0153960		
Date Assigned:	09/23/2014	Date of Injury:	07/05/2012
Decision Date:	11/03/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/22/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Louisiana. 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 patient is a 54 year old male who sustained a cumulative trauma on 07/05/2012. Prior treatment history has included physical therapy, 12 sessions of acupuncture therapy, and medications. Progress report dated 08/14/2014 states the patient continued to intermittent neck pain. He also complained of intermittent bilateral shoulder pain, left greater than right. His back pain is constant and non-radiating. On exam, he has positive Tinel's sign and Phalen's maneuver bilaterally. The lumbar spine revealed tenderness in the midline at the L4-S1 region. He has tenderness bilaterally over the paraspinal muscles. He is diagnosed with bilateral shoulder impingement syndrome with acromioclavicular joint arthrosis; bilateral carpal tunnel/cubital tunnel syndrome, bilateral lateral epicondylitis; and lumbar spine strain/arthrosis. The patient was recommended for home exercise program to promote flexibility and was prescribed acetaminophen with Codeine which he has utilizing since 02/18/2014. Prior utilization review dated 09/03/2014 states the request for Computerized strength/flexibility qty requested 1; and Acetaminophen with codeine 300/30mg qty requested: 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Computerized strength/flexibility qty requested: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Flexibility

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:

http://kuscholarworks.ku.edu/bitstream/handle/1808/11337/Fry_Computerized%20strength.pdf?sequence=1&isAllowed=y

Decision rationale: According to the Official Disability Guidelines there are no studies to support computerized strength testing of the extremities. The extremities have the advantage of comparison to the other side, and there is no useful application of such a potentially sensitive computerized test. Deficit definition is quite adequate with usual exercise equipment given the physiological reality of slight performance variation day to day due to a multitude of factors that always vary human performance. There is a lack of supporting documentation indicating the necessity of the kind of treatment. Also, guidelines do not support computerized strength and flexibility testing; therefore, this request is not medically necessary.

Acetaminophen/codeine 300/30mg qty requested:120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-96.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, opioids are recommended as the standard of care for treatment of moderate to severe pain for short-term use. Guidelines do not recommend continued use unless there is documented evidence of objective pain and functional improvement. There is no supporting documentation showing sustainable improvement in pain or function and long term use is not recommended by the guidelines. Therefore, the request for this medication is not medically necessary at this time.