

Case Number:	CM13-0006320		
Date Assigned:	05/02/2014	Date of Injury:	01/12/2012
Decision Date:	07/10/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/02/2013

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 New York. 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 42 year old male who was injured on 1/12/12 when the patient fell over 10 feet from a tree and landed on the ground. His diagnoses include left shoulder acromioclavicular joint dislocation and left shoulder labral tear. Prior treatment history has included physical therapy and medication including low dose Vicodin 2.5 mg for control of flare-ups, Prilosec, and Ibuprofen. Diagnostic studies reviewed include an MRI report of the left shoulder dated 6/29/12 that revealed a 15 mm superior migration of the distal clavicle. There was noted to be preservation of the rotator cuff with mild tendinosis. There is degenerative tearing of the anterior, inferior and posterior labral tissues. The superior labrum is intact. A PR-2 dated 4/15/13 documented the patient being diagnosed with dislocation of the acromioclavicular joint. The patient states his left shoulder is painful. Any movement in the left shoulder causes marked pain. Objective findings on exam of the left shoulder reveal deformity at the acromioclavicular separation site. Approximately 4 cm of superior dislocation is noted. Tenderness over the distal clavicle dislocation site and tender over the anterior shoulder. Range of motion is flexion 0 to 130 degrees, abduction 0 to 130 degrees, external rotation 0 to 30 degrees, and internal rotation 0 to 20 degrees. Provocative testing causes a positive impingement sign. There is positive Hawkin's sign and drop arm sign produces pain and weakness. Jobe's sign produces pain and weakness. Strength in abduction and internal rotation is 4/5 and 3/5 in flexion. His strength has gotten much worse. He is able to extend the thumb, flex the wrist, and cross the 2nd and 3rd fingers. There is intact sensation with no deficits over the lateral shoulder, first dorsal web space, palmar side of the index finger, and medial border of little finger.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2 X WEEK FOR 6 WEEKS FOR THE SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical therapy.

Decision rationale: As per the California MTUS Chronic Pain Medical Treatment Guidelines, physical therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion. It can also alleviate discomfort. There are a number of overall physical therapy philosophies that may not be specifically mentioned within each guideline: (1) As time goes by, one should see an increase in the active regimen of care, a decrease in the passive regimen of care, and a fading of treatment frequency; (2) The exclusive use of "passive care" (e.g., palliative modalities) is not recommended; (3) Home programs should be initiated with the first therapy session and must include ongoing assessments of compliance as well as upgrades to the program; (4) Use of self-directed home therapy will facilitate the fading of treatment frequency, from several visits per week at the initiation of therapy to much less towards the end; (5) 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. The medical records document this patient has exceeded recommended physical therapy guidelines and has not had significant objective functional improvement. The request for the additional 12 sessions of physical therapy is not recommended as the patient has returned to work and is on an active home exercise program. Medical necessity for the requested service has not been established. The requested service is not medically necessary.

VICODIN 2.5/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, WHEN TO CONTINUE OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75-94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain and Shoulder Chapters, Opioids.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines recommend that the chronic use of opioids for chronic pain is not recommended. Patients who receive opiate therapy sometimes develop unexpected changes in their response to opioids. This may include the development of abnormal pain (hyperalgesia), a change in pain pattern, or persistence in pain at higher levels than expected. These types of changes occur in spite of continued incremental dose increases of medication. Opioids in this

case actually increase rather than decrease sensitivity to noxious stimuli. It is important therefore to note that a decrease in opioid efficacy should not always be treated by increasing the dose, but may actually require weaning. The medical records document that the patient is on an active home exercise program and has returned to work. Based on the California MTUS guidelines and the Official Disability Guidelines criteria, as well as the clinical documentation, the continued use of this medication has not been established, and therefore the request is not medically necessary.