

Case Number:	CM13-0056908		
Date Assigned:	12/30/2013	Date of Injury:	01/12/2003
Decision Date:	04/03/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/25/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine, has a subspecialty in Pulmonary Diseases, 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 physician 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 50-year-old who reported an injury on 01/12/2003. The office note dated 10/15/2013 reported the patient has had acupuncture with temporary relief to the patient's bilateral shoulders and right wrist but he felt his symptoms were unchanged. The exam noted marked left shoulder hypertonicity of the scalenes up the trapezius and lavender scapula with supraclaviular edema and tenderness to palpation. The patient had tenderness to palpation to the right shoulder and distal clavicle, and biceps with range of motion crepitation. The patient was recommended an arthrogram to the bilateral shoulders for consideration of additional surgery. The note states the patient has failed medication and acupuncture therapies.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5/325 mg, 60 count: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Chapter Page(s): 78.

Decision rationale: The Physician Reviewer's decision rationale: The the Chronic Pain Medical Treatment Guidelines states ongoing monitoring of chronic pain patients on opioids must include

documentation of pain relief, lack of side effects and misuse, and functional improvements. The documentation submitted did not address any of the above and therefore, does not meet guidelines. The request for Norco 2.5/325 mg, 60 count, is not medically necessary or appropriate.

An MRI Arthrogram of the bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The Physician Reviewer's decision rationale: The Shoulder Complaints Chapter of the ACOEM Practice Guidelines states imaging may be considered for a patient whose limitations due to consistent symptoms have persisted for one month or more, i.e., in cases when surgery is being considered for a specific anatomic defect (e.g., a full-thickness rotator cuff tear). The documentation submitted did not provide evidence of the patient's functional limitations, including pain, strength, and range of motion. The lack of documentation does not support the need for the requested service at this time. The request for an MRI Arthrogram of the bilateral shoulders is not medically necessary or appropriate.