

Case Number:	CM13-0062982		
Date Assigned:	12/30/2013	Date of Injury:	05/04/2004
Decision Date:	05/21/2014	UR Denial Date:	12/04/2013
Priority:	Standard	Application Received:	12/09/2013

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 Occupational Medicine 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, shoulder, and upper back pain reportedly associated with an industrial injury of May 4, 1984. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of acupuncture over the life of the claim; and 24 sessions of physical therapy following said shoulder surgery, per the claims administrator. In a utilization review report of December 4, 2013, the claims administrator denied a request for 12 sessions of acupuncture, 12 sessions of physical therapy, and Norco. The applicant's attorney subsequently appealed. An earlier note of November 9, 2012 was notable for comments that the applicant was off of work, on total temporary disability, as of that point in time. A handwritten January 17, 2013 progress note, also difficult to follow, was notable for comments that the applicant was again off of work, on total temporary disability, was using Norco, Naprosyn, and dietary supplements at that point. The claimant continued on total temporary disability throughout various points in 2013, including February 2013, March 2013, and April 2013. An April 24, 2013 progress note was notable for comments that the applicant had nineteen (19) sessions of physical therapy through that point in time and acupuncture, both of which the applicant states either did not help or provided only fleeting relief. The applicant went on to undergo right shoulder surgery on May 13, 2013. An August 7, 2013 pain management note was again notable for the comments that the applicant was not working and was using a variety of analgesic agents, including MS Contin, Norco, Soma, and Desyrel at that point. A handwritten August 8, 2013 note again suggested that the applicant was off of work, on total temporary disability. Physical therapy and acupuncture were sought at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) ACUPUNCTURE SESSIONS FOR THE RIGHT SHOULDER, TWICE A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture Medical Treatment Guidelines indicate that acupuncture treatments may be extended if there is evidence of functional improvement. In this case, however, there has been no demonstration of functional improvement to date with completion of earlier acupuncture. The applicant remains off of work, and on total temporary disability. The applicant has seemingly failed from earlier treatment, remains highly reliant and dependent on various opioid and non-opioid agents. All the above, taken together, imply a lack of functional improvement with earlier acupuncture. Therefore, the request for additional acupuncture is not medically necessary.

NORCO 10MG #60, TWICE A DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE, Page(s): 80.

Decision rationale: Norco is an opioid. The Chronic Pain Medical Treatment Guidelines indicate that the cardinal criteria for the continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved with ongoing opioid therapy. In this case, however, these criteria have not been met. The applicant is off of work. The applicant has failed to return to work, several years removed from the date of injury, and several months removed from the most recent surgery. The applicant has failed to demonstrate any clear improvement in function or reduction in pain scores as a result of ongoing Norco usage. Therefore, the request for renewal of Norco is not medically necessary.

TWELVE (12) POSTOPERATIVE PHYSICAL THERAPY SESSIONS FOR THE RIGHT SHOULDER, TWICE A WEEK FOR SIX (6) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines FUNCTIONAL RESTORATION APPROACH TO CHRONIC PAIN MANAGEMENT, Page(s): 8.

Decision rationale: The claimant was outside of the six (6) month postsurgical physical medicine treatment period, following an earlier shoulder surgery on May 13, 2013. The Chronic Pain Medical Treatment Guidelines indicate that an interval demonstration of functional improvement is necessary at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off of work. The applicant remains highly reliant and highly dependent on multiple medications and other forms of medical treatment. All of the above, taken together, imply that the earlier physical therapy was unsuccessful. Therefore, the request for additional physical therapy is not medically necessary.