

Case Number:	CM13-0070855		
Date Assigned:	01/08/2014	Date of Injury:	08/26/2009
Decision Date:	04/07/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	12/26/2013

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 Orthopedic Surgery, 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:

This 56-year-old male truck driver sustained a right shoulder injury on 8/6/09 when he lost his balance on a hill and fell backwards onto concrete, landing on his right side. The patient was diagnosed with a torn rotator cuff and subsequently underwent an open rotator cuff repair and acromioplasty on 3/29/10. The patient returned to full duty in May 2011, but pain increased and he was taken off work 10/3/11. He underwent right shoulder arthroscopic revision subacromial decompression, distal clavicle resection, capsular repair, and manipulation under anesthesia for impingement and capsulitis on 4/19/13. Post-operative physiotherapy was initiated on 7/2/13. Records indicated 12 post-surgical chiropractic visits and at least 20 post-surgical physical therapy visits were provided. Instruction in a home exercise program was noted, with compliance documented. Functional right shoulder range of motion was documented on the 8/9/13 progress report; additional gains in strength and range of motion were not evident. The 11/25/13 treating physician report indicated that the patient was just approved for 12 additional therapy sessions. Subjective complaints included right shoulder stiffness and pain with loss of range of motion. Right shoulder exam findings documented slight deltoid atrophy, flexion 150 degrees, abduction 100 degrees, adduction 40 degrees, internal rotation 55 degrees, external rotation 55 degrees, and positive impingement and cross arm tests. Cervical exam findings noted paravertebral muscle tenderness and spasms and slight decrease in range of motion. Medications were dispensed including Norco 10/325 mg #60 and Fexmid 7.5 mg #60. Records indicated the patient had been prescribed Norco since at least February 2011 with a reduction noted from 4 per day in May 2013 to 2 per day in September 2013. Fexmid was prescribed intermittently since at least 11/25/12. Medication response relative to pain reduction or functional improvement was not documented in detail during the post-operative period.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 additional physiotherapy ([REDACTED]): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009). Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The request under consideration is for 12 additional physiotherapy sessions. California MTUS Post-Surgical Treatment Guidelines do not apply to this case as the 6-month post-surgical treatment period had expired. MTUS Chronic Pain Medical Treatment Guidelines would apply. The MTUS guidelines recommend therapies focused on the goal of functional restoration rather than merely the elimination of pain. The physical therapy guidelines state that patients are expected to continue active therapies at home as an extension of treatment and to maintain improvement. The patient had received at least 20 visits of post-operative physical therapy including home exercise instruction, and 12 sessions of chiropractic treatment. Functional range of motion was achieved by 8/9/13. Additional range of motion and strength gains are not evident in the record. The 11/25/13 treating physician report indicated that the patient was approved for 12 additional physical therapy sessions. Presenting complaints included right shoulder pain and stiffness with loss of range of motion. Exam findings documented slight deltoid atrophy, moderate range of motion loss in abduction, mild loss in other ranges, and positive impingement. The medical necessity of additional supervised physiotherapy versus continued and already-prescribed home exercise was not documented. Given the failure to meet guideline criteria, this request for 12 additional physiotherapy sessions is not medically necessary.

1 urinalysis drug screening on 11/25/13: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009) (Opiates, steps to avoid misuse/addiction); (Substance. Decision based on Non-MTUS Citation University of Michigan Health System Guidelines for Clinic Care: Managing Chronic Non-terminal Pain, Including Prescribing Controlled Substance (May 2009), pgs. 10, 32 and 33

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, steps to avoid misuse/addiction Page(s): 94-95.

Decision rationale: The request under consideration is for one urine drug screen on 11/25/13. The California MTUS guidelines support the use of drug screening in patients as a part of the ongoing management of patients on opioid therapy. Urine drug testing is recommended as a step to avoid misuse of opioids, particularly for those at high risk of abuse, and monitor adherent medication use. This patient has been prescribed opioid medications since at least February

2011. The last urine drug screen was documented 11/9/12 and opioid medications were dispensed 11/25/13. Guideline criteria have been met. Therefore, the urine drug screen performed 11/25/13 was medically necessary.

1 prescription of Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

Decision rationale: The request under consideration is for one prescription of Norco 10/325 mg #60, dispensed 11/25/13. The California MTUS indicate that Norco is used for moderate to moderately severe pain on an as needed basis with a maximum dose of 8 tablets per day. Guidelines suggest that opioids be discontinued if there is no overall improvement in function, unless there are extenuating circumstances. Guidelines indicate that opioids be continued if the patient has returned to work or has improved functioning and pain. There is no detailed documentation in the file relative to specific pain reduction or functional improvement achieved with the continuing use of this medication. Norco use has reduced from 4 per day in May 2013 to 2 per day in September 2013. The continued medical necessity is not documented in the medical records. Guideline criteria for continued opioid use has not been met. (Weaning was not indicated as the medication was dispensed.) Therefore, this request for Norco 10/325 mg #60, dispensed 11/25/13, is not medically necessary.

1 prescription of Fexmid 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (May 2009).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (for pain) Page(s): 63-65.

Decision rationale: The request under consideration is for one prescription of Fexmid 7.5 mg, #60. The California MTUS guidelines recommend the use of muscle relaxants as a second line option for short term treatment of acute exacerbations of chronic pain. This medication is not recommended to be used longer than 2 to 3 weeks. Fexmid has been prescribed intermittently since 11/25/12. The current report does not suggest the patient is having an exacerbation of his pain complaints. Slight left trapezius and rhomboids and slight cervical paravertebral muscle spasms are documented. Guideline criteria have not been met. Therefore, this request for one prescription of Fexmid 7.5 mg #60, dispensed 11/25/13, is not medically necessary.