

Case Number:	CM13-0071117		
Date Assigned:	01/08/2014	Date of Injury:	03/03/2011
Decision Date:	04/28/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/26/2013

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 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 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 68-year-old female who reported an injury on 03/03/2011. The mechanism of injury was not stated. The patient is diagnosed with impingement syndrome of the right shoulder with rotator cuff tear, right carpal tunnel syndrome, right thumb CMC joint arthritis, right wrist sprain, element of insomnia and depression, and low back sprain. The patient was seen by [REDACTED] on 01/09/2014. The patient was status post right shoulder arthroscopy on 09/09/2013. The patient completed an initial 12 sessions of physical therapy. The patient reported constant right shoulder pain. Physical examination on that date revealed limited range of motion of the right upper extremity with swelling noted in the right wrist and hand. Treatment recommendations included an additional 8 sessions of physical therapy, as well as continuation of current medications, including Norco, Remeron, Norflex, and naproxen.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY SESSIONS: 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)

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 10 and 26-27.

Decision rationale: The California MTUS Guidelines state the initial course of therapy means one-half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations. Postsurgical treatment following impingement syndrome includes 24 visits over 14 weeks. The patient completed an initial course of physical therapy following right shoulder arthroscopy. However, there is no evidence of objective functional improvement following the initial course. The current request for 12 sessions of additional postoperative physical therapy cannot be determined as medically appropriate. The request, as submitted, is non-certified.

NORFLEX 100 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxant Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second-line options for short-term treatment of acute exacerbations. Efficacy appears to diminish over time, and prolonged use may lead to dependence. There is no evidence of palpable muscle spasm or spasticity upon physical examination. Additionally noted, the patient has utilized this medication since at least 08/2013. Despite ongoing use, the patient continues to report high levels of pain. As guidelines do not recommend long-term use of this medication, the current request is not medically appropriate. As such, the request is non-certified.

NORCO 10/325 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The patient has utilized Norco since 08/2013. Despite ongoing use, the patient continues to report high levels of pain with activity limitation and sleep disturbance. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function, or improved quality of life. Therefore, the request is non-certified.