

<b>Case Number:</b>	CM14-0158293		
<b>Date Assigned:</b>	10/01/2014	<b>Date of Injury:</b>	08/29/2005
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	08/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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 shoulder pain reportedly associated with an industrial injury of August 29, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; earlier total shoulder replacement surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated August 27, 2014, the claims administrator denied a request for 12 sessions of physical therapy and denied a request for renal and hepatic function testing. The claims administrator stated that the applicant had yet to complete 10 sessions of previously authorized physical therapy. The applicant's attorney subsequently appealed. In an August 20, 2014 progress note, the applicant reported 5-9/10 highly variable shoulder pain. The applicant was using Lyrica, Fioricet, Norco, Nexium, and Soma; it was stated in one section of the note. The applicant had undergone a right shoulder total shoulder replacement surgery on January 17, 2014, it was noted. The applicant exhibited limited shoulder flexion and abduction in the 130- degree range with 4 to 5-/5 right upper extremity strength versus 5/5 left upper extremity strength. Twelve sessions of physical therapy were sought. It was suggested that the applicant needed transportation to obtain physical therapy. Laboratory testing to monitor the applicant's renal and hepatic function was also sought. Norco, Fioricet, and Lyrica were renewed. The applicant was asked to continue permanent work restrictions. It was acknowledged that the applicant was not working.

### IMR ISSUES, DECISIONS AND RATIONALES

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

## **12 Physical Therapy sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine topic Page(s): 99, 8.

**Decision rationale:** The applicant was outside of the six-month postsurgical physical medicine treatment period established in MTUS 9792.24.3 following earlier total shoulder replacement surgery of January 17, 2014 as of the date of the request, August 20, 2014. The MTUS Chronic Pain Medical Treatment Guidelines are therefore applicable. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, the issue seemingly present here, this recommendation is, however, qualified by commentary on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. The applicant remains dependent on opioid agents such as Norco. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request is not medically necessary.

## **1 Serum AST, ALT and renal panel for liver/kidney function: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American Association of Neuroscience Nurses, Care of the patient with seizures, 2nd ed. Gleanview (IL) American Association of Neuroscience Nurses ;2007.23p

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, Specific Drug Lists and Adverse Effects topic Page(s): 70.

**Decision rationale:** As noted on page 70 of the MTUS Chronic Pain Medical Treatment Guidelines, periodic assessment of an applicant's renal, hepatic, and hematologic function is recommended in applicants using NSAIDs. In this case, while the applicant is not using NSAIDs, the applicant is, in fact, using a variety of other medications processed in the liver and kidneys, including Norco, Fioricet, Lyrica, Soma, etc. By analogy, assessing the applicant's renal and hepatic function to ensure that the applicant's renal and hepatic function is consistent with prescribed medications is therefore indicated. Accordingly, the request is medically necessary.