

Case Number:	CM14-0164246		
Date Assigned:	10/09/2014	Date of Injury:	05/26/2009
Decision Date:	11/10/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/06/2014

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 General Surgery and is licensed to practice in Texas. 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 injured worker is a 62 year old female. Her date of injury was 05/26/2009, her mechanism of injury was not included in the medical record. Her relevant diagnosis is left shoulder impingement. Her past treatments include physical therapy and pain medication. Her pertinent diagnostics were an MRI of left shoulder on 04/30/2014 and urine drug screens on 04/10/2014 and 08/28/2014. She had left shoulder surgery on 07/23/2014 to rule out adhesive capsulitis, severe impingement syndrome and calcific tendinitis, rule out rotator cuff tendon tear. She has subjective complaints of pain. Her objective physical exam findings were a left arm flexion at 100 and extension at 20 on 04/10/2014. On 08/28/2014 she had a left arm flexion at 120 and extension at 30. Her relevant medications listed were Norco 10/325 on 08/28/2014. Her treatment plan on 08/28/2014 was to request more physical therapy visits, refill Norco 10/325, repeat urine drug screen and return to clinic visit in 4 weeks. There is no rationale or Request for Authorization Form in the medical record.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Page(s): 91-92.

Decision rationale: The request for Norco 10/325mg, #60 is not medically necessary. The injured worker had surgery on 07/23/2014 for left shoulder impingement. The California MTUS Guidelines recommend the use of hydrocodone/Acetaminophen for moderate to moderately severe pain. Document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. Urine drug screens are noted in the medical record on 4/10/2014 and 08/28/2014, both positive for hydrocodone. There are no documented pain level assessments noted in the medical record. Since no documentation is noted in the medical record of functional improvement and positive pain control as advised in the guidelines, the request is not medically necessary.

12 Sessions of Physical Therapy for the Left Shoulder: 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), Shoulder chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, acute, chronic, Physical Therapy, Impingement syndrome.

Decision rationale: The request for 12 Sessions of Physical Therapy for The Left Shoulder is not medically necessary. The injured worker had surgery on 07/23/2014 for left shoulder impingement. She had functional deficits in range of motion on 08/28/2014. The California MTUS and ACOEM guidelines do not specifically address number of visits for shoulder impingement. As a result the Official Disability Guidelines were used. These guidelines indicate for shoulder post- surgical, arthroscopy; treatment includes 24 visits over 14 weeks. The injured worker has already received an undisclosed number of physical therapy treatments. The guidelines recommend up to 24 visits and the record does not include the number of visits already completed. Subsequently, this request is not medically necessary.