

Case Number:	CM14-0024058		
Date Assigned:	02/28/2014	Date of Injury:	08/23/2012
Decision Date:	10/01/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/10/2014

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 Geriatrics and is licensed to practice in New York. 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 42 year old man with a date of injury of 8/23/12. He was seen by his provider on 11/11/13 for left shoulder pain and left thoracic pain. His physical exam showed spasms in the left shoulder region musculature with abduction to 120 degrees and forward flexion to 150 degrees. She had diffuse tenderness in the anterior aspect of the left shoulder. His diagnoses included rotator cuff sprain/strain/syndrome and elbow strain/sprain/pain, cervical sprain/strain and chronic pain syndrome. He was felt to have clinically consistent left shoulder adhesive capsulitis and left thoracic regional wall pain. He was to continue flexeril, Elavil, naproxen, vicodin and Lidoderm patch. At issue in this review is the refill of vicodin and the request for physical therapy to the left shoulder. Length of prior prescription of vicodin is not documented in the note and records indicate he has had prior physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

VICODIN 500 MG - 5M G #60, 2 REFILLS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80.

Decision rationale: This 42 year old injured worker has chronic shoulder and thoracic wall pain with an injury sustained in 2012. His medical course has included numerous modalities including ongoing use of several medications including narcotics, NSAIDs and muscle relaxants. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 11/13 fails to document any improvement in pain, functional status or side effects to justify ongoing use. The request for Vicodin is not medically necessary and appropriate.

PHYSICAL THERAPY 8 TO 12 SESSIONS FOR THE LEFT SHOULDER: Upheld

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

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

Decision rationale: Physical therapy Physical Medicine Guidelines allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. In this injured worker, physical therapy has already been used as a past modality and a self-directed home exercise program should be in place. The records do not support the medical necessity for 8-12 physical therapy visits in this individual with chronic left shoulder pain. The request is not medically necessary and appropriate.