

Case Number:	CM14-0050966		
Date Assigned:	07/07/2014	Date of Injury:	08/27/2011
Decision Date:	08/27/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/18/2014

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 Emergency 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 injured worker is a 68 year-old female, who sustained an injury on August 27, 2011. The mechanism of injury was a fall. A November 3, 2011 CT scan of the left shoulder showed a prior anterior shoulder dislocation, and an associated Bankart lesion and glenoid fracture. Treatments have included medications, physical therapy, a home exercise program, and a pain management consult. The current diagnoses are shoulder bursitis/tendonitis, status humerus dislocation and greater tuberosity fracture, left knee contusion/strain/sprain, and left knee chondromalacia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pain Management Consultation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207, Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: The ACOEM/MTUS guidelines recommend follow-up visits with documented medical necessity, while the Chronic Pain Medical Treatment Guidelines states if a complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary. The injured worker has left shoulder pain. The treating physician has documented shoulder tenderness with crepitation with range of motion and

positive impingement testing and 4/5 rotator cuff strength. It is noted that the injured worker had previously undergone consultation with pain management, who reportedly indicated that there was no need to see the injured worker again. The treating physician has documented that the patient does not want an injection, and needs Norco refills, which the treating physician would be equipped to perform. The criteria for consultation have not been met. As such, the request is not medically necessary.

Physical Therapy 2 x 6 for the Left Shoulder.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff.

Decision rationale: The ACOEM/MTUS guidelines recommend up to 10 physical therapy sessions for this condition. Continued therapy may be recommended with documented objective evidence of derived functional improvement. The injured worker has left shoulder pain. The treating physician has documented shoulder tenderness with crepitation with range of motion and positive impingement testing and 4/5 rotator cuff strength. The treating physician requested this therapy to address range of motion deficits, but did not document range of motion measurements. The treating physician did not document objective evidence of derived functional improvement from completed physical therapy sessions. Finally, the completed therapy sessions should have afforded sufficient time for instruction and supervision of a transition to a dynamic home exercise program. The criteria for physical therapy have not been met. As such, the request is not medically necessary.

Norco #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management; Opioids for Chronic Pain Page(s): 78-82.

Decision rationale: The California MTUS Chronic Pain Treatment Guidelines recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as appropriate opiate surveillance issues. The injured worker has left shoulder pain. The treating physician has documented shoulder tenderness with crepitation with range of motion and positive impingement testing and 4/5 rotator cuff strength. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit from its use for at least six months duration, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria for opiates have not been met. As such, the request is not medically necessary.

