

Case Number:	CM14-0076755		
Date Assigned:	07/18/2014	Date of Injury:	05/04/2012
Decision Date:	08/25/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/27/2014

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 Orthopedic Surgery, 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:

38 year old female claimant with reported industrial injury on 5/4/12. Claimant is status post right shoulder arthroscopy with rotator cuff repair and mumford on 3/19/14. Exam note 4/18/14 demonstrates claimant with complaint of pain. Exam note demonstrates joint pain and muscle spasms. Physical therapy exam note 4/30/14 reports claimant is able to move and use the right shoulder for functional activities but with intermittent sharp pain over the shoulder with excessive use. Appeal letter by treating provider on 6/12/14 demonstrates claimant has completed 12 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/ 325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81, 91-92.

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

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence

to support chronic use of narcotics. The records from 4/18/14 do not demonstrate functional improvement while taking the Norco. Therefore the determination is not medically necessary.

Additional post-operative physical therapy, twice weekly for four weeks, right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: Per the CA MTUS Post Surgical Treatment Guidelines, Shoulder, page 26-27 the recommended amount of postsurgical treatment visits allowable are: Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks* Postsurgical physical medicine treatment period: 6 months In this case the claimant the request of 24 additional session exceeds the maximum amount of visits allowed. Per the cited records the claimant has completed 12 sessions. There is also lack of demonstration of functional improvement in the 12 sessions already completed. Therefore the determination is not medically necessary.