

<b>Case Number:</b>	CM14-0080086		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	03/09/2000
<b>Decision Date:</b>	09/16/2014	<b>UR Denial Date:</b>	05/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 59 year old female with an injury date of 03/09/00. Based on 06/16/14 (post UR date/ this was the only report available) provided by [REDACTED] the patient presents for orthopedic re-evaluation and continues to be increasingly symptomatic of the right shoulder. Patient is status post right shoulder diagnostic and operative arthroscopy on 12/17/10. Physical Exam Findings on the right shoulder:- painful on range of motion testing- tenderness to subacromial bursal space- positive Neer and Hawkins sign- positive cross arm testing MRI studies of the right shoulder dated 03/26/14:- Grade III hooked acromion morphology- Rotator cuff tendinitis with no evidence of high-grade tear Patient is taking narcotics. [REDACTED] is refilling patient's tramadol and naproxen so patient can cope with her pain. Since he is an orthopedic surgeon, he prescribes post-operative pain medications in the form of narcotics; however he does not prescribe and manage long-term narcotic medications for chronic pain. Therefore the patient requires evaluation and treatment with a pain specialist. [REDACTED] is requesting Physical Therapy and Pain Management Evaluation and Treatment. The utilization review determination being challenged is dated 05/16/14. The rationale is that for physical therapy, there were no functional deficits on the records that indicated need for supervised therapy and no documentation why the patient could not continue with home therapy program. The rationale for the pain management evaluation was lack of recent medication list provided for review. [REDACTED] is the requesting provider, and he provided treatment report dated 06/16/14 (post UR date).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 12 Right Shoulder: Upheld**

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

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

**Decision rationale:** Patient complains of right shoulder pain and is taking prescribed narcotics to cope with her symptomology, per progress report dated 06/16/14. The request is for Physical Therapy X 12 Right Shoulder. The patient's shoulder surgery is from 2010 and is outside of any post-op time-frame. MRI studies of the right shoulder dated 03/26/14 show grade III hooked acromion morphology and rotator cuff tendinitis with no evidence of high-grade tear. MTUS pages 98, 99 state, for "Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks." In this case, the requested 12 sessions of therapy exceeds what is allowed per MTUS for the kind of condition this patient suffers from. Request is not medically necessary.

**Pain Management Evaluation and Treatment: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd edition: Chapter 7; Independent Consultations, page 127.

**Decision rationale:** Patient complains of right shoulder pain and is taking prescribed narcotics to cope with her symptomology, per progress report dated 06/16/14. The request is for Pain Management Evaluation and Treatment. [REDACTED] is refilling patient's tramadol and naproxen so patient can cope with her pain. Since he is an orthopedic surgeon, he prescribes post-operative pain medications in the form of narcotics; however he does not prescribe and manage long-term narcotic medications for chronic pain. ACOEM Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." As such the request for Pain Management Evaluation and Treatment is medically necessary.