

Case Number:	CM14-0191968		
Date Assigned:	11/25/2014	Date of Injury:	02/13/2014
Decision Date:	01/15/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/17/2014

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:

This is a 42-year-old male claimant with an industrial injury dated 02/13/14. The patient is status post a left shoulder arthroscopy with glenohumeral capsular release and release of external subacromial adhesions with manipulation as of 09/11/14. Exam note 10/10/14 states the patient returns with shoulder stiffness. The patient explains a loss of 20' of external rotation. Conservative treatments have included physical therapy, and a home exercise program. Upon physical exam, the left shoulder demonstrated a limited range of motion with firm endpoints on a passive range of motion test. Treatment includes a continuation of medication and physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 5/325mg #60: Upheld

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

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. There is lack of functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity in the records of 10/10/14. Therefore, the determination is that the request is not medically necessary.

Physical Therapy 12 visits (2x6) for Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - TWC Shoulder Procedure Summary

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: Adhesive capsulitis (ICD9 726.0): Postsurgical treatment: 24 visits over 14 weeks; *Postsurgical physical medicine treatment period: 6 months. The guidelines recommend "initial course of therapy" to mean one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in the guidelines. There is insufficient evidence of functional improvement or reason why a home based program cannot be performed to warrant further visits. Therefore, the determination is that the request is not medically necessary.