

Case Number:	CM14-0193197		
Date Assigned:	11/26/2014	Date of Injury:	10/16/2012
Decision Date:	01/14/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/18/2014

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 Occupational 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:

Injured worker (IW) sustained an industrial injury to multiple body areas in a 10/16/12 motor vehicle accident. He is s/p 05/14/14 left shoulder biceps tenotomy, acromioplasty, and rotator cuff debridement. 20 postoperative physical therapy sessions were previously authorized. 06/18/14 left shoulder x-rays revealed postsurgical changes of the clavicle and scapula with unremarkable soft tissues. 07/29/14 office note documented complaints of continued left shoulder pain, with improvement of range of motion with therapy. IW requested continuation of Norco on a prn basis, as well as Rx for tramadol and GI upset. Left shoulder range of motion was 120 degrees forward flexion, 100 degrees abduction, 40 degrees external rotation, and 50 degrees internal rotation. Rotator cuff strength was 4/5. IW was prescribed Ultram ER, naproxen, Norco, and Protonix, with plan to taper down Norco. 09/05/14 physical therapy note stated that IW reported gradual improvement of pain but limitations of activities involving hand and arm use, pushing objects, and reaching. 09/08/14 PT note documented tightness and pain in the left shoulder and numbness in both hands. 10/14/14 office note stated that left shoulder range of motion and strength were improved following therapy. Left trapezius pain was noted with positive left Spurling test. Left shoulder range of motion was noted to be increased. Additional therapy was requested for the shoulder. Norco and Ultram ER were refilled. On 11/04/14 range of motion was 120 degrees forward flexion, 25 degrees extension, and 90 degrees abduction. 11/06/14 office note documented complaints of persistent left shoulder stiffness, neck pain radiating into the left arm and low back radiating to the left foot. Left shoulder active range of motion was 100 degrees forward flexion and 85 degrees abduction. Provider stated that IW had begun additional postoperative physical therapy but had noted only mild improvement in range of motion. Exam was noted to be consistent with postoperative adhesive capsulitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical Therapy to treat the left shoulder 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: IW is now outside of the 6 month postsurgical physical medicine treatment period recommended for this condition by MTUS, and appears to have plateaued with skilled therapy. The requested 8 additional PT visits exceed the 24 postoperative visits recommended following this procedure by MTUS. Based upon the available documentation, medical necessity is not established for additional skilled therapy sessions beyond evidence-based recommendations.

Norco 10/325mg DOS: 10/20/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain Page(s): 78-81.

Decision rationale: Concerning use of opioids for chronic pain, MTUS states monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors) over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of controlled drugs. Significant symptomatic or functional improvement is not documented in this case with use of Norco. A signed medication agreement is not documented. Monitoring for medication side effects or evidence of aberrant medication behavior is not documented. Based upon the available information, medical necessity is not established for the requested Norco per MTUS recommendations.