MAXIMUS Federal Services

Case Number:	CM14-0200814		
Date Assigned:	12/11/2014	Date of Injury:	07/07/2013
Decision Date:	02/03/2015	UR Denial Date:	11/06/2014
Priority:	Standard	Application Received:	12/01/2014

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 Minnesota. 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 39-year-old female with a date of injury of 7/7/2013. The documentation indicates an initial surgery on the right shoulder on 12/26/2013 consisting of arthroscopy with subacromial decompression and glenohumeral debridement. The diagnosis was right shoulder impingement syndrome. A follow-up evaluation of 7/30/2014 indicated tenderness in the bicipital groove anteriorly with positive Speed's test. Because of continuing pain she underwent a second surgery on 8/28/2014 consisting of arthroscopic subacromial decompression, manipulation under anesthesia, and mini open biceps tenodesis. She started physical therapy on 9/29/2014 the plan was to see her twice a week for 6 weeks. 12 visits were initially approved. The actual number attended is not documented in the physical therapy notes. On 11/6/2014 a request for additional 12 physical therapy visits was noncertified by utilization review as there was no clear detail provided as to how many physical therapy sessions had been completed and the functional benefit achieved from the treatment. The provider's notes indicated good range of motion in the shoulder. There was no clear reason why the patient could not transition to a home exercise program. Another request for Norco was noncertified. A request for Ambien was also noncertified. A physical therapy note dated 11/14/2014 indicates that she was maintaining the active range of motion of the shoulder and showing some improvement with strengthening exercises but continued to have pain at the end range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 26, 10, 11.

Decision rationale: The postsurgical treatment guidelines indicate 24 visits over 14 weeks for adhesive capsulitis. The postsurgical physical medicine treatment period is 6 months. The initial course of therapy is one half of these visits which is 12. After completion of the 12 visits if there is documentation of continuing objective functional improvement such as clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical examination, a subsequent course of therapy may be prescribed within the above parameters. The documentation indicated good range of motion of the shoulder and there was no reason why the injured worker could not transition to a home exercise program at that time. Furthermore, documentation of clinically significant improvement in activities of daily living or a reduction in work restrictions was not provided. Therefore the home exercise program met the guideline requirements and as such the request for additional 2 x 6 physical therapy was not medically necessary.

Norco 10/325 mg #1: 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): 76-79.

Decision rationale: The injured worker underwent surgery on 8/28/2014. The request for additional Norco #60 was noncertified on 11/6/2014. The guidelines recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The lowest possible dose should be prescribed to improve pain and function. Ongoing monitoring should include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. There should be a continuing review of the overall situation with regard to non-opioid means of pain control. The documentation does not indicate a satisfactory trial of non-opioid analgesics. There was no monitoring documented. Long-term use of opioids is not recommended for postoperative shoulder pain. As such, the medical necessity of Norco 10/325 # 60 was not established.

Ambien 10 mg #1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Section: chronic pain, Topic: Zolpidem.

Decision rationale: California MTUS guidelines do not address this topic. Therefore ODG guidelines were used. Zolpidem is a prescription short-acting non-benzodiazepine hypnotic which is recommended for short-term (7-10 days) treatment of insomnia. It is not recommended for long-term use and can be habit forming, may impair function and memory more than opioid pain relievers. There is also concern that it may increase pain and depression over the long-term. Based upon the above, long-term use of Ambien as a sleep aid is not recommended and as such, the request for Ambien 10 mg #60 was not supported by guidelines and therefore, medical necessity of this request was not established.