

Case Number:	CM14-0205173		
Date Assigned:	12/17/2014	Date of Injury:	12/15/2003
Decision Date:	02/09/2015	UR Denial Date:	11/28/2014
Priority:	Standard	Application Received:	12/08/2014

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:

This is a 64-year-old male with a 12/15/03 date of injury. According to a progress report dated 11/19/14, the patient had a significant number of complaints regarding his right upper extremity with numbness and tingling and difficulty with grip strength, etc. He has finished his physical therapy for his left shoulder for range of motion, and it was now time to start strengthening. According to a progress report dated 9/24/14, the patient has completed 6 sessions of physical therapy and was happy with his improvements. The provider has requested a referral to a neurologist for evaluation and treatment of his right upper extremity. Objective findings: left shoulder incisions well healed, no atrophy or evidence of erythema of left shoulder, forward elevation 140 degrees, external rotation to 30 degrees, impingement signs 1, 2, and 3 are negative. Diagnostic impression: status post left shoulder subscapularis repair, status post left biceps exploration. Treatment to date: medication management, activity modification, physical therapy, surgery. A UR decision dated 11/28/14 modified the request for 12 physical therapy sessions for the left shoulder to certify 6 sessions, modified the request for 80 tablets of Norco to certify 51 tablets, and denied the request for 1 consultation with neurologist. Regarding physical therapy, proceeding with post-operative physical therapy seems appropriate. Guidelines state the initial course of therapy following surgical repair of the subscapularis is 12 visits. It appears the patient already completed 6 sessions for the left shoulder with improvements documented. Regarding Norco, recent documentation submitted does not provide any new clinical evidence to support ongoing use of Norco. Additionally, the patient appears to be taking the weaning process well as he was not in any acute distress or demonstrating symptoms of withdrawal. Regarding consultation with neurologist, there is no evidence of any examination findings in the right upper extremity or any prior treatment given for the right upper extremity complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Physical Therapy Sessions for the Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post-Operative Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed. With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. In the present case, guidelines state the initial course of therapy following surgical repair of the subscapularis is 12 visits, for a total of 24 visits over 14 weeks. It is noted that this patient has already completed 6 initial visits with benefit. The UR decision dated 11/28/14 modified this request to certify an additional 6 visits, for a total of 12 visits as an initial trial. An additional 12 visits at this time would exceed the amount of initial physical therapy visits supported by guidelines. Therefore, the request for 12 Physical Therapy Sessions for the Left Shoulder was not medically necessary.

Norco 10/325mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, the UR decision dated 11/28/14 indicates that there have been several previous recommendations for weaning this patient off of Norco. However, there is no documentation that the issue of weaning has been discussed. Therefore, the request for Norco 10/325mg #80 was not medically necessary.

Consultation with Neurologist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 196, 4, 254.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Clinical Topics. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Office Visits. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6- Independent Medical Examinations and Consultations page(s) 127, 156.

Decision rationale: CA MTUS states that consultations are recommended, and a 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. In the present case, the provider has requested a referral to a neurologist for evaluation and treatment of his right upper extremity. However, , there is no documentation of any physical examination findings regarding the right upper extremity. In addition, there is no documentation of any prior conservative treatment measures for the right upper extremities that have been tried and failed. Therefore, the request for Consultation with Neurologist was not medically necessary.