

Case Number:	CM14-0208102		
Date Assigned:	12/22/2014	Date of Injury:	10/25/2007
Decision Date:	02/19/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/12/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Massachusetts

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 74 year old female who was injured on 10/25/07 and incurred injury to her right shoulder. She was initially evaluated at [REDACTED] on 11/11/07 and 12/05/07 and diagnosed with sprain to the cervical spine and right shoulder. She was initially treated conservatively with physical therapy, anti-inflammatory medications and pain medications. MRI from 11/29/07 shows degenerative changes of the AC joint not impinging and tendinopathy of the rotator cuff. She is status post decompressive acromioplasty and Mumford procedure. According to physical therapy notes from 8/15/08 following surgery she had completed 11 sessions of PT for her right shoulder with good improvement in passive ROM with each treatment. She reports improvement with activities of daily living following PT and had improved range of motion and strength. She also reports, according to 10/25/11 clinic note persistent myofascial neck and shoulder pain. According to 9/24/14 clinic note the provider states that clinic policy to to perform random UDS although there is no mention of UDS results. The note states the patient is counseled on opioids and a contract was signed. According to most recent clinic note from 10/29/14 she reports 6/10 pain of the right shoulder with medication. On physical exam she has restricted neck and shoulder range of motion and stiffness, although there is no pain on palpation of the shoulder. Assessment is chronic pain syndrome following right shoulder surgery. Treatment plan is to refill Norco 5/325mg twice daily as needed for severe pain. There is no mention of efficacy or urine drug screen or opioid counseling. Flexeril is also prescribed 75mg once nightly. Physical therapy and home exercise training program is requested for range of motion difficulty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-96.

Decision rationale: The UR states that continued use of short acting opioids is not appropriate because there is no evidence of radiculopathy and there is no evidence of efficacy or recent urine drug screen. CA MTUS guidelines require that criteria for continued long-term use of opioids require ongoing review and documentation of pain relief, functional status improvement, appropriate use, screening of side effects and risk for abuse, diversion and dependence. From my review of the provided medical records there is lacking a description of quantifiable improvement with ongoing long-term use of short acting opioids such as Norco. VAS score has stayed unchanged with no noted improvement in objective physical exam findings or functional capacity. Consequently continued use of Norco is not supported by the medical records and guidelines as being medically necessary.

Physical Therapy 2 Times A Week for 4 Weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-101.

Decision rationale: According to MTUS guidelines physical therapy is recommended as it is helpful in "controlling symptoms such as pain, inflammation and swelling to improve the rate of healing of soft tissue injuries". The MTUS guidelines allow for an initial course of up to 9-10 physical therapy visits over 8 weeks for the patient's diagnosis of myositis. The UR reviewer states that there is no record of previous physical therapy being provided. According to my review of the records the patient has had physical therapy in 2008 which provided improvement in functional capacity and symptoms. Consequently based on the guidelines and my review of the provided records which show previous improvement with physical therapy in 2008, I believe the requested sessions of physical therapy are indicated.