

Case Number:	CM14-0208535		
Date Assigned:	12/22/2014	Date of Injury:	01/25/2010
Decision Date:	02/13/2015	UR Denial Date:	12/08/2014
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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Interventional spine 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:

The patient is a 50 year old male with an injury date of 01/25/10. Based on the 12/01/14 progress report provided by treating physician, the patient is status post left shoulder arthroscopy, date unspecified, and complains of bilateral shoulder pain. Physical examination to the left shoulder revealed mild tenderness to palpation to around the acromion. Range of motion was full. Positive Impingement, Neer's and Hawkin's. Per progress report dated 12/01/14, "patient requires surgical intervention, which has been authorized," however patient does not want to undergo surgery due to personal reasons. Treater recommends a trial of physical therapy, which has been prescribed along with Norco for pain. Patient has been prescribe Anaprox and Prilosec on 10/13/14. Norco has been prescribed in progress reports dated 03/24/14, 06/02/14, and 08/21/14. Patient can resume modified work. Diagnosis 12/01/14- Right shoulder rotator cuff tear and long head biceps tendon dysfunction- left shoulder pain, secondary to compensation- Right elbow pain, partially due to overuse because of right shoulder dysfunction. The utilization review determination being challenged is dated 12/08/14. Treatment reports were provided from 10/21/13 - 12/01/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times 12 to the left shoulder: 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 Physical Medicine Page(s): 98, 99.

Decision rationale: The patient is status post left shoulder arthroscopy, date unspecified, and complains of bilateral shoulder pain. The request is for physical therapy times 12 to the left shoulder. Patient's diagnosis on 12/01/14 included left shoulder pain, secondary to compensation; and right shoulder rotator cuff tear and long head biceps tendon dysfunction. Physical examination to the left shoulder on 12/01/14 revealed mild tenderness to palpation to around the acromion. Range of motion was full. Positive Impingement, Neer's and Hawkin's. Per progress report dated 12/01/14, "patient requires surgical intervention, which has been authorized," however patient does not want to undergo surgery due to personal reasons. Patient has been prescribed Anaprox and Prilosec on 10/13/14. Norco has been prescribed in progress reports dated 03/24/14, 06/02/14, and 08/21/14. Patient can resume modified work.MTUS pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended."Per progress report dated 12/01/14, treater recommends a trial of physical therapy, which has been prescribed. Given the patient's condition, a course of physical therapy would be indicated, prior to invasive surgical procedure. However, the request for 12 physical therapy sessions exceeds what is allowed by MTUS. Therefore the request is not medically necessary.

Norco 5 mg BID PRN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient is status post left shoulder arthroscopy, date unspecified, and complains of bilateral shoulder pain. The request is for Norco 5mg BID PRN. Patient's diagnosis on 12/01/14 included left shoulder pain, secondary to compensation; and right shoulder rotator cuff tear and long head biceps tendon dysfunction. Per progress report dated 12/01/14, "patient requires surgical intervention, which has been authorized," however patient does not want to undergo surgery due to personal reasons. Patient has been prescribed Anaprox and Prilosec on 10/13/14. Norco has been prescribed in progress reports dated 03/24/14, 06/02/14, and 08/21/14. Patient can resume modified work.MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief.In this case, treater has not stated how Norco reduces pain and significantly improves patient's activities of

daily living; the four A's are not specifically addressed including discussions regarding adverse effects, aberrant drug behavior and specific ADL's, etc. No UDS's, CURES, opioid pain agreement. Given the lack of documentation as required by MTUS, the request is not medically necessary.