

Case Number:	CM14-0208898		
Date Assigned:	12/22/2014	Date of Injury:	02/25/2014
Decision Date:	02/19/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabn

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 60 year old male with date of injury 2/25/14. The treating physician report dated 10/20/14 indicates that the patient presents with pain affecting the left shoulder following a fall out of his Semi-truck landing on his left side. MRI of the left shoulder dated 4/9/14 shows full thickness tear of the anterior rotator cuff. The patient has been recommended to have left shoulder surgery to repair the tear and surgery was authorized on 11/24/14. The physical examination findings reveal left shoulder weakness and decreased ROM. The current diagnoses are: 1.Left shoulder impingement 2.Derangement of the left shoulder 3.Fall from slip with spasm of muscle and surgery was recommended. The utilization review report dated 11/24/14 (3,9) modified the request for 24 physical therapy sessions to 12 and denied the request for Norco and modified the request for Toradol based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy times twenty four for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The patient presents with chronic left shoulder pain with tearing of the rotator cuff and is authorized for surgery. The current request is for Physical therapy times twenty four for the left shoulder: The MTUS Post Surgical Guidelines state, "Rotator cuff syndrome/Impingement syndrome (ICD9 726.1; 726.12): Postsurgical treatment, arthroscopic: 24 visits over 14 weeks*Postsurgical physical medicine treatment period: 6 months." The guidelines go on to state, "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. "Initial course of therapy" means one half of the number of visits specified in the general course of therapy for the specific surgery in the postsurgical physical medicine treatment recommendations set forth in subdivision (d)(1) of this section." In this case, the treating physician has requested the 24 sessions of PT allowed for this type of surgery. The guidelines state that half of the maximum amount is to be allowed following surgery and with functional improvement additional visits are allowed up to the maximum amount. The UR report dated 11/24/14 has already authorized the initial 12 sessions. The current request for 24 sessions is not medically necessary and the recommendation is for denial.

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with chronic left shoulder pain with tearing of the rotator cuff and is authorized for surgery. The current request is for Norco 10/325mg. The MTUS guidelines support the usage of Norco for treatment of moderate to severe pain. While the request for post-surgical Norco usage may be required, the current IMR request is for an unknown amount for an unknown time period. MTUS does not allow open ended opioid prescriptions as ongoing monitoring of pain and function must be documented. The current request is not medically necessary and the recommendation is for denial.

Toradol 10 mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Toradol Page(s): 72.

Decision rationale: The patient presents with chronic left shoulder pain with tearing of the rotator cuff and is authorized for surgery. The current request is for Toradol 10 mg. The UR report dated 11/24/14 recommended authorization for Toradol 10mg for post operative pain. The records provided do not show a specific request for Toradol. The MTUS guidelines state for Ketorolac (Toradol), "This medication is not indicated for minor or chronic painful conditions." The current request is medically necessary for post surgical acute pain and the patient has received authorization for left shoulder arthroscopic surgery. Recommendation is for authorization.