

Case Number:	CM14-0217585		
Date Assigned:	01/07/2015	Date of Injury:	07/19/2011
Decision Date:	02/28/2015	UR Denial Date:	12/04/2014
Priority:	Standard	Application Received:	12/29/2014

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: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

61 yr old female claimant sustained a work injury on 7/19/11 involving the neck and right shoulder. She was diagnosed with right shoulder impingement syndrome, right rotator cuff tendinitis, and a right frozen shoulder. A progress note on 11/12/14 from an orthopedic surgeon indicated the claimant had painful restricted range of motion in the right shoulder and neck. There were no abnormal neurological findings. The physician prescribed Percocet for pain, a home exercise program and an orthopedic consultation for right shoulder surgery. A progress note on 12/17/14 indicated similar symptoms and exam findings. The physician requested a subacromial decompression surgery, post-operative therapy and continuation of Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Orthopedic specialist consultation for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 1.

Decision rationale: According to the ACOEM guidelines, a specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work. In this case, the claimant had already been seeing an orthopedic surgeon. There was no specified indication for seeing another surgeon for right shoulder surgery. As a result, the request for Orthopedic surgical consultation is not medically necessary.

Percocet 10-325mg #60: 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): 82-92.

Decision rationale: Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for a several months without significant improvement in pain (no pain scale comparison provided) or function. There was no indication of Tylenol failure or NSAID failure. The continued use of Percocet is not medically necessary.