

Case Number:	CM15-0005841		
Date Assigned:	01/20/2015	Date of Injury:	10/31/2013
Decision Date:	03/23/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/12/2015

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: Maryland, District of Columbia
 Certification(s)/Specialty: Internal 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 54-year old male, who sustained an industrial injury on October 31, 2013. He has reported tripping and falling, rolling his ankle and injuring his left shoulder. The diagnoses have included left shoulder impingement and partial rotator cuff tear, status-post arthroscopy and right ankle sprain. Treatment to date has included medication, physical therapy, a left arthroscopy and routine monitoring. Currently, the Injured Worker complains of left shoulder pain with limited range of motion that was aggravated by reaching and lifting and was alleviated by rest. The worker also complained of occasional right ankle pain. On December 18, 2014, the Utilization Review modified the request for physical therapy 12 visits and oxycodone 10/325mg, count 120 to approve four physical therapy visit and a 30-count prescription of oxycodone 10/325mg. The documentation reflected that 16 sessions of physical therapy was allowed and the worker had completed 12 visits and another four visits was approved. The documentation did not contain any functional improvement to warrant the continued use of oxycodone. The ACOEM Guidelines for Physical Therapy and the MTUS Chronic Pain Medical Treatment Guidelines were cited. On January 2, 2015, the injured worker submitted an application for IMR for review of continued physical therapy twelve visits and oxycodone 10/325mg, count 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continue Physical therapy x12 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27, 99.

Decision rationale: The employee was a 54 year old male who sustained an industrial injury on 10/31/13. The diagnoses were left shoulder impingement and partial rotator cuff tear, status post arthroscopy and right ankle sprain. Treatment so far had included medications, physical therapy, a left arthroscopy on 3/19/14. Post operative physical therapy did not begin until several months after the surgery. He reported that Percocet worked for his pain and he was taking 4 tablets per day. He had limited range of motion of the shoulder joint. His diagnosis was adhesive capsulitis of the shoulder joint. His physical therapy note from 11/13/14 noted that it was the 28th visit he was noted to have limited range of motion, but was noted to be improving. The employee was more than six months from the shoulder surgery. He had completed 28 visits with physical therapy. According to MTUS guidelines, upto 24 visits are recommended after shoulder surgery for rotator cuff tear. It is not clear if he was following a home exercise program. The guidelines recommend fading of frequency of treatment and self directed active home physical medicine. Given that he has been receiving more than the recommended amount of physical therapy without clear documentation of exceptional reasons for 12 more visits, the request is not medically necessary or appropriate.

Retro: Oxycodone (Percocet) 10-325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going management Page(s): 77-80.

Decision rationale: The employee was a 54 year old male who sustained an industrial injury on 10/31/13. The diagnoses were left shoulder impingement and partial rotator cuff tear, status post arthroscopy and right ankle sprain. Treatment so far had included medications, physical therapy, a left arthroscopy on 3/19/14. Post operative physical therapy did not begin until several months after the surgery. He reported that Percocet worked for his pain and he was taking 4 tablets per day. He had limited range of motion of the shoulder joint. His diagnosis was adhesive capsulitis of the shoulder joint. His physical therapy note from 11/13/14 noted that it was the 28th visit he was noted to have limited range of motion, but was noted to be improving. According to MTUS Chronic Pain Guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on Opioids: pain relief, adverse effects, physical and psychosocial functioning and potential aberrant behaviors. The employee was being treated for shoulder pain with Percocet four times a day. There was no documentation of how the medication improved the pain level or functional status. There is no recent urine drug screen or

CURES report to address aberrant behavior. Given the lack of clear documentation on functional improvement, improvement of pain and lack of efforts to rule out unsafe usage, the criteria for continued use of Percocet have not been met.