

Case Number:	CM15-0008304		
Date Assigned:	01/23/2015	Date of Injury:	08/22/2011
Decision Date:	04/15/2015	UR Denial Date:	01/03/2015
Priority:	Standard	Application Received:	01/14/2015

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: California, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

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

This injured worker is a 59-year-old female, who sustained an industrial injury on August 22, 2011. The injured worker has reported right shoulder pain. The diagnoses have included status post rotator cuff repair, right shoulder impingement syndrome, right shoulder post-surgical contracture, status post left carpal tunnel release and stable right carpal tunnel syndrome. Treatment to date has included pain management, MRI of the right shoulder, right shoulder injection, a home exercise program, status post right rotator cuff repair on October 9, 2014 and post-operative physical therapy. Current documentation dated December 23, 2014 notes that the injured worker was ten weeks post-operative right shoulder surgery and was attending physical therapy. She noted her right shoulder pain had improved but she had persistent stiffness. Physical examination of the right shoulder revealed limited range of motion. The physician's assessment noted that the injured worker had a right shoulder post-surgical contracture and failure to progress with physical therapy. On January 3, 2015 Utilization Review non-certified a request for manipulation of the right shoulder under anesthesia, post-operative physical therapy to the right shoulder 2 times a week for 4 weeks # 8, steroid injection and Norco 10/325 mg # 45 with one refill. The MTUS, ACOEM Guidelines, Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines, were cited. On January 14, 2015, the injured worker submitted an application for IMR for review of manipulation of the right shoulder under anesthesia, post-operative physical therapy to the right shoulder 2 times a week for 4 weeks # 8, steroid injection and Norco 10/325 mg # 45 with one refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for 8 session's post-op 2 times a week for 4 weeks to the right shoulder:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute and Chronic) ODG; Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California MTUS guidelines recommends up to 24 visits of postoperative physical therapy for the injured employees shoulder surgery. After postoperative physical therapy, the injured employee has good range of motion of the right shoulder with forward flexion to 150, abduction to 140, internal rotation to 10, and external rotation to 70. Considering these findings, this request for additional physical therapy is not medically necessary.

Manipulation under anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Shoulder Chapter, Manipulation under Anesthesia.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Manipulation Under Anesthesia.

Decision rationale: The most recent physical therapy note indicates that the injured employee has forward flexion to 150, abduction to 140, internal rotation to 10, and external rotation to 70. These are not measurements indicative of adhesive capsulitis. The official disability guidelines recommend the manipulation under anesthesia if there is abduction of less than 90. As such, this request for manipulation under anesthesia is not medically necessary.

Steroid injection of the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation (ODG-TWC), Shoulder Chapter, Steroid injection.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Steroid Injection.

Decision rationale: The ODG supports steroid injections for specific diagnosis: adhesive capsulitis, impingement syndrome and rotator cuff problems; except for post-traumatic

impingement of the shoulder. One injection is supported for failure of 3 months of conservative treatment, pain interferes with functional activities, and is intended for short-term control of symptoms to resume conservative medical management. The injured employee has already had surgical treatment for impingement syndrome and has participated in postoperative physical therapy. The conditions of impingement syndrome, and rotator cuff problems have been treated and there is no diagnosis of adhesive capsulitis. As such, this request for a right shoulder steroid injection is not medically necessary.

Norco 10/325mg #45 w/1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals no documentation to support the medical necessity of Norco nor any documentation addressing the "4 A's" domains, which is a recommended practice for the ongoing management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Furthermore, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity cannot be affirmed.