

Case Number:	CM15-0107229		
Date Assigned:	06/11/2015	Date of Injury:	07/15/1996
Decision Date:	07/13/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/03/2015

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, Indiana, New York
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 66 year old female, who sustained an industrial injury on 7/15/96. The injured worker has complaints of right shoulder pain, right wrist pain and left shoulder pain. The diagnoses have included left rotator cuff tear and right rotator cuff repair. Treatment to date has included right shoulder arthroscopy with rotator cuff repair on 2/3/14; norco; physical therapy; magnetic resonance imaging (MRI) left shoulder on 2/25/15 demonstrates no full thickness rotator cuff tear or retractions and injections. The request was for massage chair and norco 10/325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Message chair: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Labor code 4600 (a).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip and pelvis section, DME.

Decision rationale: Pursuant to the Official Disability Guidelines, massage chair is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnoses are left rotator cuff tear; right rotator cuff tear; and left shoulder. The medical record documentation contains 85 pages. There are three progress notes in the medical record one dated February 6, 2015; March 28, 2015 and the most recent May 18, 2015. Injured worker is status post right shoulder arthroscopy with rotator cuff repair February 2014. The injured worker received postoperative physical therapy. There is no clinical rationale meeting the definition of DME for a massage chair. Massage chair does not primarily or customarily serve a medical purpose. Additionally, a massage chair is useful in the absence of illness or injury. There is no clinical rationale the medical record for a massage chair. Consequently, absent clinical documentation meeting guideline criteria for DME (massage chair), massage chair is not medically necessary.

Norco 10/325 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg # 60 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are left rotator cuff tear; right rotator cuff tear; and left shoulder. The medical record documentation contains 85 pages. There are three progress notes in the medical record one dated February 6, 2015; March 28, 2015 and the most recent May 18, 2015. Injured worker is status post-right shoulder arthroscopy with rotator cuff repair February 2014. The injured worker received postoperative physical therapy. The earliest progress note with the Norco prescription is dated February 6, 2015. This is the earliest progress note and not the start date for Norco 10/325 mg. Reportedly, the injured worker takes one Norco 10/325 mg per day. According to the May 18, 2015 progress note (the most recent), the strength and directions

for use of ongoing Norco is not documented. The documentation does not contain objective functional improvement with ongoing Norco to support its continued use. There are no pain scores in the medical record. There is no documentation indicating subjected functional improvement with ongoing Norco. There are no risk assessments. There are no detailed pain assessments and no attempt at weaning long-term Norco. Consequently, absent clinical documentation with evidence of objective functional improvement, subjective improvement, risk assessments, detailed pain assessments, and an attempt to wean ongoing Norco, Norco 10/325 mg #60 is not medically necessary.