

Case Number:	CM15-0016166		
Date Assigned:	02/04/2015	Date of Injury:	05/15/2014
Decision Date:	04/03/2015	UR Denial Date:	12/31/2014
Priority:	Standard	Application Received:	01/28/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 37 year old female who sustained an industrial injury on 05/15/2014. The current diagnoses include pain in joint involving shoulder region and impingement syndrome of shoulder region. Treatments to date include medication management, physical therapy, and injections. Report dated 12/15/2014 noted that the injured worker presented with complaints that included continued right shoulder pain. Physical examination revealed right shoulder motion within normal limits, impingement and relocation signs were positive, RC power is intact, and biceps is intact. Treatment plan included right shoulder arthroscopy with subacromial decompression. The physician noted that the injured worker has failed conservative treatments. The utilization review performed on 12/31/2014 non-certified a prescription for 1 sling, Norco, and 12 post-operative physical therapy visits based on the clinical information submitted does not support medical necessity. The reviewer referenced the California MTUS and ACOEM in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: The patient was injured on 05/15/14 and presents with right shoulder pain. The request is for SLING. The utilization review denial rationale is that the "use of sling is supported for patients who are undergoing a subacromial decompression. However, as the medical necessity for the procedure has not been established, the medical necessity for the sling has not been established." There is no RFA provided and the patient is on a modified work duty from 11/18/14- 01/06/15. This modified work duty includes limited use of right arm, no climbing, no overhead work, and no more than 8 hours per day of work schedule. There is no establishment of medical necessity of the patient needing an arthroscopic subacromial decompression, as mentioned in the 12/31/14 utilization review letter. The report with the request is not provided. ACOEM guidelines Shoulder chapter, Chapter: 9, page 204: Under Options, it allows for "Sling for acute pain," under rotator cuff tear and as a "sling for comfort," for AC joint strain or separation. In regards to the right shoulder, the patient had a positive impingement sign and a positive relocation sign. The current diagnoses include pain in joint involving shoulder region and impingement syndrome of shoulder region. Treatments to date include medication management, physical therapy, and injections. The ACOEM guidelines support the use of a sling for rotator cuff tears. Given that there isn't a medical necessity established for the patient's arthroscopic subacromial decompression, the requested sling IS NOT medically necessary.

75 Tablets of Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89, 90.

Decision rationale: The patient was injured on 05/15/14 and presents with right shoulder pain. The request is for 75 TABLETS OF NORCO 5/325 MG. There is no RFA provided and the patient is on a modified work duty from 11/18/14- 01/06/15. This modified work duty includes limited use of right arm, no climbing, no overhead work, and no more than 8 hours per day of work schedule. None of the reports provided mention Norco and the report with the request are not provided. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4 A's (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. MTUS page 90 continues to state that the maximum dose for hydrocodone is 60 mg per day. In this case, none of the 4 A's are addressed as required by MTUS Guidelines. The treater does not provide any pain scales. There

are no examples of ADLs which demonstrate medication efficacy, nor are there any discussions provided on adverse behaviors/side effects. There is no opiate management issues discussed such as CURES report, pain contract, etc. No outcome measures are provided either as required by MTUS Guidelines. There are no urine drug screens provided to show if the patient was consistent with her prescribed medications. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Norco IS NOT medically necessary.

Post-operative Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213, Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient was injured on 05/15/14 and presents with right shoulder pain. The request is for 12 SESSIONS POST-OPERATIVE PHYSICAL THERAPY. There is no RFA provided and the patient is on a modified work duty from 11/18/14- 01/06/15. This modified work duty includes limited use of right arm, no climbing, no overhead work, and no more than 8 hours per day of work schedule. There is no establishment of medical necessity of the patient needing an arthroscopic subacromial decompression, as mentioned in the 12/31/14 utilization review letter. The patient has had at least 6 sessions of therapy from 09/19/14- 10/01/14. The report with the request is not provided. MTUS guidelines page 26-27 regarding post-surgical physical therapy for the shoulders allows for 24 visits over 14 weeks for rotator cuff syndrome/Impingement syndrome, arthroscopy. MTUS page 98 and 99 has the following: "Physical Medicine: Recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS Guidelines page 98 and 99 states that for myalgia and myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The utilization review letter states that the medical necessity for an arthroscopic subacromial decompression has yet to be established. There is no indication of any recent surgery the patient may have had either. The requested 12 sessions of therapy would be indicated if the patient was to undergo surgery as discussed by the treater. However, surgery has not been authorized or scheduled and post-operative therapy would not be indicated. The request IS NOT medically necessary.