

Case Number:	CM15-0138463		
Date Assigned:	07/28/2015	Date of Injury:	04/08/2012
Decision Date:	08/31/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/16/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED], beneficiary who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 8, 2012. In a utilization review report dated June 19, 2015, the claims administrator partially approved a request for 12 sessions of physical therapy for the shoulder as six sessions of the same. The claims administrator noted that the applicant had undergone earlier shoulder surgery on January 9, 2015. An RFA form received on June 15, 2015 was referenced in the determination, along with an associated progress note of May 8, 2015. The claims administrator also apparently failed to approve a request for Tylenol with Codeine. The applicant's attorney subsequently appealed. On an RFA form of June 15, 2015, 12 sessions of physical therapy for the shoulder and Tylenol No. 4 were endorsed. In an associated progress note of June 1, 2015, the applicant reported ongoing complaints of 6/10 shoulder pain. The applicant was off of work, on total temporary disability, it was reported. The applicant was using Tylenol No. 4 for pain relief; it was stated in one section of the note. In another section of the note, it was stated that the applicant had developed a headache when using Tylenol No. 4 and therefore ceased using the same. The applicant was asked to remain off of work, on total temporary disability, while additional physical therapy for the shoulder was sought. In another section of the note, it was stated that the applicant was using Levoxyl and Norco for pain relief. 160 degrees of shoulder flexion were appreciated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2xWk x 6Wks, Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: No, the request for additional 12 sessions of postoperative physical therapy was not medically necessary, medically appropriate, or indicated here. The applicant was still within the six months postsurgical physical medicine treatment period establishing the MTUS 9792.24.3 following earlier shoulder surgery of January 9, 2015 as of the date of the request, June 1, 2015. While the MTUS Postsurgical Treatment Guidelines do support a general course of 24 sessions of post-operative physical therapy following surgery for rotator cuff syndrome/impingement syndrome, as seemingly transpired here, this recommendation is, however, qualified by commentary made in MTUS 9792.24.3.c4(b) to the effect that postsurgical treatment shall be discontinued at any time during the postsurgical physical medicine period in applicants and/or cases where no functional improvement is demonstrated. Here, the applicant remained off of work as of the date of the request, June 1, 2015. The applicant was placed off of work, on total temporary disability, on that date. The applicant remained dependent on opioid agents, it was suggested, including Norco as of that date, i.e., approaching the six-month mark of the date of shoulder surgery. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20(e), despite receipt of earlier postoperative physical therapy. Therefore, the request for additional postoperative physical therapy was not medically necessary.

Tylenol #4 tab by mouth ever 4-6 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, specific drug list, Codeine Page(s): 76-77, 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Tylenol No. 4, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines, an attending provider should incorporate some discussion of "side effects" into his choice of recommendations. Here, the attending provider did not reconcile his request for Tylenol No. 4 via an RFA form of June 15, 2015 with his statement on June 1, 2015 that the applicant had discontinued Tylenol No. 4 owing to having developed headaches while previously using the same. It was not clearly established why Tylenol No. 4 was being prescribed or re-prescribed if the applicant had previously developed adverse effects with the same. Therefore, the request was not medically necessary.

