

Case Number:	CM15-0143432		
Date Assigned:	08/04/2015	Date of Injury:	03/27/2002
Decision Date:	09/01/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/23/2015

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 52 year old female who sustained an industrial injury on 03-27-02. Initial complaints and diagnoses are not available. Treatments to date include medications and right shoulder surgery. Diagnostic studies are not addressed. Current complaints include left shoulder pain. Current diagnoses include strain of rotator cuff capsule, degeneration of intervertebral disc, lumbar sprain, thyroiditis, and subacromial bursitis. In a progress note dated 06-08-15 the treating provider reports the plan of care as Voltaren gel, Norco, and physical therapy to the left shoulder. The requested treatments include Norco and physical therapy to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 sessions of physical therapy for left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 sessions physical therapy to the left shoulder is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are strain rotator cuff capsule; degeneration into vertebral disc; lumbar sprain; thyroiditis; and subacromial bursitis. The date of injury is March 27th 2002. The request for authorization is dated June 29, 2015. The earliest progress note in the 60 page medical record is dated February 25, 2015. The injured worker subjectively complained of left shoulder pain ongoing. Medications include Voltaren and Norco 10/325mg. The injured worker had a left shoulder arthroscopy in 2004. The most recent progress note in the medical record is dated June 8, 2015. There are no physical therapy progress notes in the medical record. The total number of physical therapy sessions is not documented. There is no documentation demonstrating objective functional improvement. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is warranted. Consequently, absent clinical documentation demonstrating objective functional improvement, total number of physical therapy sessions to date and compelling clinical facts indicating additional physical therapy is warranted, 12 sessions physical therapy to the left shoulder is not medically necessary.

Norco 10/325mg #140: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 # 140 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 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 strain rotator cuff capsule; degeneration into vertebral disc; lumbar sprain; thyroiditis; and subacromial bursitis. The date of injury is March 27th 2002. The request for authorization is dated June 29, 2015. The earliest progress note in the 60 page medical record is dated February 25, 2015. The injured worker subjectively complained

of left shoulder pain ongoing. Medications include Voltaren and Norco 10/325mg. The injured worker had a left shoulder arthroscopy in 2004. There are no physical therapy progress notes in the medical record. The total number of physical therapy sessions is not documented. The most recent progress note in the medical records dated June 8, 2015. There is no documentation demonstrating objective functional improvement to support ongoing Norco 10/325mg. There were no detailed pain assessments. There are no risk assessments in the medical record. As noted above, there is no documentation demonstrating objective functional improvement. Consequently, absent clinical documentation demonstrating objective functional improvement, risk assessments, detailed pain assessments, Norco 10/325mg # 140 is not medically necessary.