

Case Number:	CM15-0147787		
Date Assigned:	08/10/2015	Date of Injury:	07/26/2005
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/29/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 (IW) is a 59-year-old male who sustained an industrial injury on 07-26-2005. Diagnoses include status post right shoulder surgery; chronic intractable pain; and central stenosis C1 through C7. Treatment to date has included medications, surgery and physical therapy (PT). According to the progress notes dated 6-29-2015, the IW reported continued right shoulder pain rated 10 out of 10 without medication and 8 out of 10 with them. He also had neck pain radiating down the right upper extremity and lower back pain radiating down the right lower extremity. He had completed all authorized PT sessions post-operatively for the right shoulder, but his pain continued to be significant. On examination, range of motion of the right shoulder was reduced and painful in flexion, extension, abduction, and external rotation. A request was made for Norco 10-325mg, #180 for pain; right shoulder post-operative physical therapy, twice weekly for six weeks (12 sessions) for continued pain and loss of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Post operative Physical Therapy, Right Shoulder, 2 times wkly for 6 wks, 12 sessions:
 Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines
Page(s): 26.

Decision rationale: Per the CA MTUS/ Post Surgical Treatment Guidelines, page 26, 24 visits is authorized over 14 weeks following surgery for this shoulder surgery. In this case, the claimant has maximized the 24 visits in the record. There is insufficient evidence to support further physical therapy beyond the guidelines in the clinic note from 6/29/15. Therefore the request is not medically necessary.

Norco 10/325 mg Qty 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, page 80 Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 6/29/15. Therefore the determination is not medically necessary.