

<b>Case Number:</b>	CM15-0163416		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	01/19/2007
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 42 year old female, who sustained an industrial injury on January 19, 2007. The initial symptoms reported by the injured worker are unknown. The injured worker was currently diagnosed as having rotator cuff sprain and strain, other affections shoulder region, adhesive capsulitis of shoulder and unspecified myalgia and myositis. Treatment to date has included diagnostic studies, surgery, injection, physical therapy, and medication and home exercises. On April 29, 2015, the injured worker stated that her right shoulder had been bothering her more since her previous office visit. She reported an increase in her left shoulder pain at night, pain with activities and pain that wakes her up at night. A right trapezius trigger point injection was performed on the day of the exam. Notes stated that post injection testing revealed a 25% reduction in pain with range of motion. The treatment plan included physical therapy to include left shoulder and trigger point in her right trapezius, continue home exercise program, heat application, Norco medication, Ibuprofen and a follow-up visit. On August 5, 2015, utilization review denied a request for physical therapy two times six for the bilateral shoulders and Norco 10-325 mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2x6 for bilateral shoulders:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Initial Care, Activity Modification, Work Activities, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** In this case, the claimant completed an unknown amount of therapy in the past. There was no indication that additional therapy cannot be completed at home. The claimant was already able to perform home exercises. The request for 12 additional therapy sessions exceeds the guidelines limit and is not medically necessary.

**Norco 10/325 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for neuropathic pain, Opioids for chronic pain.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. IT is not 1st line for shoulder pain. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without mention of pain scores. There was no mention of Tylenol, NSAID, or weaning failure. The continued and chronic use of Norco is not medically necessary.