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| Case Number: | CM15-0053297 | | |
| Date Assigned: | 03/26/2015 | Date of Injury: | 01/25/2010 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 03/10/2015 |
| Priority: | Standard | Application Received: | 03/20/2015 |

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: California

Certification(s)/Specialty: Emergency 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:

This 50 year old male sustained an industrial injury to the left elbow and right shoulder on 1/25/10. Previous treatment included left shoulder arthroscopy, physical therapy, home exercise and medications. In a worker's compensation follow-up visit dated 2/26/15, the injured worker complained of continuing discomfort to the right shoulder and recent new onset left shoulder pain. Physical exam was remarkable for right shoulder with painful range of motion, 3/5 motor strength and positive impingement and O'Brien's maneuver, right elbow with tenderness to palpation over the lateral epicondyle with discomfort upon range of motion and left shoulder with full active and passive range of motion, positive impingement maneuvers and mild tenderness to palpation around the acromion. Current diagnoses included right shoulder rotator cuff tear and long head biceps dysfunction, left shoulder pain and right elbow pain. The treatment plan included a trial of physical therapy and a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT x12: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG (<http://www.odg-twc.com/odgtwc/shoulder.html#Protocol>).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff.

Decision rationale: The requested PT x12 is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Summary of Recommendations and Evidence, page 212; and Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff; recommend up to 10 physical therapy sessions for this condition and continued therapy with documented objective evidence of derived functional improvement. The injured worker has discomfort to the right shoulder and recent new onset left shoulder pain. Physical exam was remarkable for right shoulder with painful range of motion, 3/5 motor strength and positive impingement and O'Brien's maneuver, right elbow with tenderness to palpation over the lateral epicondyle with discomfort upon range of motion and left shoulder with full active and passive range of motion, positive impingement maneuvers and mild tenderness to palpation around the acromion. The treating physician has not documented the medical necessity for a trial of physical therapy beyond the recommended trial of 6 therapy sessions before re-evaluating for derived functional improvement. The criteria noted above not having been met, PT x12 is not medically necessary.

Norco 5mg: 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 Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82 Page(s): 78-82.

Decision rationale: The requested Norco 5mg, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has discomfort to the right shoulder and recent new onset left shoulder pain. Physical exam was remarkable for right shoulder with painful range of motion, 3/5 motor strength and positive impingement and O'Brien's maneuver, right elbow with tenderness to palpation over the lateral epicondyle with discomfort upon range of motion and left shoulder with full active and passive range of motion, positive impingement maneuvers and mild tenderness to palpation around the acromion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5mg is not medically necessary.

