

<b>Case Number:</b>	CM14-0181598		
<b>Date Assigned:</b>	11/06/2014	<b>Date of Injury:</b>	05/14/2012
<b>Decision Date:</b>	12/17/2014	<b>UR Denial Date:</b>	10/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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. The expert reviewer is Board Certified in Orthopedic and is licensed to practice New York. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient has a date of injury of March 14, 2012. The patient has left shoulder pain back pain and neck pain. The patient had left shoulder arthroscopic surgery in July 2014. The patient had 10 postoperative physical therapy visits. Physical therapy helped the patient. Physical exam reveals reduced range of motion of the left shoulder. There is tenderness to the a.c. joint. Supraspinatus strength is 4-5. The patient's physician recommends medications and continued physical therapy. At issue is whether medications and physical therapy medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription for Norco 5/325mg #30: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS Chronic pain treatment guidelines

**Decision rationale:** This patient has chronic shoulder neck and back pain. Guidelines do not recommend long-term use of narcotics for chronic pain. Guidelines to support a short course of postoperative opioids. The medical records do not document why the patient still requires

narcotics. The medical records do not document previous reduction in pain and improve functional outcomes with narcotic. Guidelines do not support the use of chronic narcotics at the surgery. The patient had surgery in July 2014. Medical records do not support continued use of narcotic medications chronic pain.

**1 Prescription for Tramadol 50mg #50: Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelines

**Decision rationale:** This patient has chronic shoulder neck and back pain. Guidelines do not recommend long-term use of narcotics for chronic pain. Guidelines to support a short course of postoperative opioids. The medical records do not document why the patient still requires narcotics. The medical records do not document previous reduction in pain and improve functional outcomes with narcotic. Guidelines do not support the use of chronic narcotics at the surgery. The patient had surgery in July 2014. Medical records do not support continued use of narcotic medications chronic pain.

**Physical therapy two times a week for four weeks to the lumbar spine, cervical spine and left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS low back Chapter, pages 305 through 322, MTUS neck pain chapter, MTUS shoulder chapter

**Decision rationale:** The medical records do not document the exact number of physical therapy visits at the patient has had to date. The patient has chronic neck back and shoulder pain. It is unclear from the medical records exactly what conservative measures has been tried. The medical records do not clearly document how much physical therapy the patient has had them that the patient can be transitioned at this time to home therapy program. The medical records do not support the need for additional physical therapy at this time.