

Case Number:	CM14-0210074		
Date Assigned:	12/23/2014	Date of Injury:	08/16/2012
Decision Date:	03/05/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 underlying date of injury in this case is 08/16/2012. The date of the utilization review under appeal is 11/19/2014. On 10/30/2014, the patient was seen in followup status post subacromial decompression with a lysis of adhesions and debridement of the right shoulder. The patient reported pain in the elbow and forearm area and pain with wrist flexion and extension and biceps flexion and extension. Medications included Percocet 7.5/325 at 1-2 tablets every 8 hours as needed for pain. The treatment plan was for the patient to continue working on range of motion and strengthening and return to light-duty work with essentially no use with her right arm. The date of the patient's surgery was 01/21/2013. An initial physician review considered a request for 12 massage therapy sessions, and that review noted that the treatment guidelines recommend massage be limited to 4-6 visits. Thus, the initial request for 12 visits was modified to 6 visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy Times Six (6) Sessions for the Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on massage therapy, page 60, recommends that this treatment should be in adjunct to other treatments such as exercise and should be limited to 4-6 visits in most cases. The guidelines emphasize that massage is a passive intervention and treatment dependent should be avoided. The initial request, which would be the request subject to an independent medical review, was for 12 massage therapy visits. The treatment guidelines do not support such extensive treatment but rather support at most 6 initial massage visits. Therefore, the initial request for 12 massage visits was not medically necessary.

Pharmacy Purchase of Percocet 7.5/325mg #30 (Oxycodone and Acetaminophen): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on opioids/initiating therapy, page 77, states that before initiating therapy, the patient should set goals and the continued use of opioids should be contingent on meeting these goals. Such monitoring principles are outlined on page 78 as the 4 A's of opioid monitoring. The medical records in this case do not contain such details monitoring the effectiveness or benefit of opioids. This request is not medically necessary.