

Case Number:	CM14-0218837		
Date Assigned:	01/08/2015	Date of Injury:	07/16/2012
Decision Date:	05/28/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	12/30/2014

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 59 year old male, who sustained an industrial injury on 07/16/2012. The diagnoses have included bilateral medial epicondylitis, positive impingement, status post recurrent right shoulder dislocation, right shoulder rotator cuff tear and right shoulder glenohumeral severe degenerative joint disease. Treatment to date has included enter prior treatment/diagnostics. An MR Arthrogram of the right shoulder was done on 11/01/2012, revealing a massive rotator cuff tear involving the supraspinatus, infraspinatus, and probably teres minor tendons. An EMG performed on 10/9/14 due to numbness in both hands, in particular the index and middle fingers bilaterally, worse at night; the results were normal of both upper extremities and corresponding paraspinous area muscles selected from a C5-T1 distribution with abnormalities consistent with moderate right carpal tunnel and moderate to severe left carpal tunnel syndrome. There was no evidence of radiculopathy. The injured worker presented on 12/04/2014. Physical examination revealed palpable tenderness over the acromion, deltoid bursa, acromioclavicular joint, coracoid, lesser and greater tuberosities, trapezius musculature, posterior shoulder musculature, supraspinatus musculature and infraspinatus musculature of the right shoulder. Normal sensory exam of the upper extremities was noted. A Request for Authorization was then submitted on 12/04/2014 for MR Arthrogram of right shoulder, follow-up evaluation, Norco 10/325mg #60 and Norco 10/325 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

MR arthrogram for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Arthrography.

Decision rationale: The Official Disability Guidelines recommend arthrography as indicated. MRI and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy. MRI is the preferred investigation due to its better demonstration of soft tissue anatomy. According to the documentation provided, the injured worker underwent an MR arthrogram of the right shoulder on 11/01/2012. There is no documentation of a significant change or worsening of symptoms or physical examination findings. The medical necessity has not been established in this case. Therefore, the request is not medically necessary.

Norco 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. According to the documentation provided, the injured worker has continuously utilized Norco 10/325 mg for an unknown duration. Despite the ongoing use of this medication, there is no documentation of objective functional improvement. Therefore, ongoing use cannot be determined as medically appropriate. There is also no frequency listed in the request. As such, the request is not medically necessary.

Norco 10/325 #90 -- post-dated prescription for 1/4/15: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and

documentation of pain relief, functional status, appropriate medication use and side effects should occur. According to the documentation provided, the injured worker has continuously utilized Norco 10/325 mg for an unknown duration. Despite the ongoing use of this medication, there is no documentation of objective functional improvement. Therefore, ongoing use cannot be determined as medically appropriate. There is also no frequency listed in the request. As such, the request is not medically necessary.