

Case Number:	CM15-0011546		
Date Assigned:	01/29/2015	Date of Injury:	04/26/2011
Decision Date:	03/24/2015	UR Denial Date:	01/08/2015
Priority:	Standard	Application Received:	01/21/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

The injured worker is a 33- year old male, who sustained an industrial injury on April 26, 2011. He has reported slipping while in the freezer and jerking his right arm and shoulder. The diagnoses have included status-post subacromial decompression of the right rotator cuff. Currently, the IW complains of left shoulder pain rated a five, right shoulder pain rated a six and right elbow pinching. Physical exam was remarkable for full range of motion of the right shoulder with weakness. On January 8, 2015, the Utilization Review decision non-certified a request for post-operative physical therapy to the right shoulder and a prescription for Norco, noting the Norco requested did not contain dosage, frequency and number of tablets. The physical therapy should show the fading of frequency and independence with a home exercise program, the documentation did not support the guidelines. The MTUS, Chronic Pain Medical Guidelines and the ODG was cited. On January 21, 2015, the injured worker submitted an application for IMR for review of post-operative physical therapy to the right shoulder 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:

Additional Post-Op PT (physical therapy) 2x4 R shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Pain, Suffering, and the Restoration of Function, 2nd Edition (2004), Chapter 6, 114

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

Decision rationale: The MTUS Guidelines support the use of physical therapy, especially active treatments, based on the philosophy of improving strength, endurance, function, and pain intensity. This type of treatment may include supervision by a therapist or medical provider. The worker is then expected to continue active therapies at home as a part of this treatment process in order to maintain the improvement level. Decreased treatment frequency over time (fading) should be a part of the care plan for this therapy. The Guidelines support specific frequencies of treatment and numbers of sessions depending on the cause of the worker's symptoms. The submitted documentation indicated the worker was experiencing pain in both shoulders and the right elbow. There was no discussion describing the reason additional directed physical therapy would be expected to provide more benefit than a home exercise program. In the absence of such evidence, the current request for eight sessions of additional post-operative physical therapy for the right shoulder done twice weekly for four weeks is not medically necessary.

Norco: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Therapy for Chronic Pain. Decision based on Non-MTUS Citation http://www.americanpainsociety.org/uploads/pdfs/Opioids_Final_Evidence_Report.pdf

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): page(s) 74-95; page 124.

Decision rationale: Norco (hydrocodone with acetaminophen) is a combination medication in the opioid and pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation concluded the worker was experiencing pain in both shoulders and the right elbow. The documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines. There was no discussion describing how long the benefit from this specific medication lasted, how often it was needed

and used, how it was determined the lowest dose was prescribed, or the amount of time it took to achieve pain relief. Further, the request was made for an indefinite supply of medication and an unspecified dose, which does not account for potential changes in the worker's care needs. In the absence of such evidence, the current request for Norco (hydrocodone with acetaminophen) is not medically necessary. Because the potentially serious risks outweigh the benefits in this situation based on the submitted documentation, an individualized taper should be able to be completed with the medication the worker has available.