

Case Number:	CM15-0014764		
Date Assigned:	02/02/2015	Date of Injury:	12/11/2014
Decision Date:	03/30/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/26/2015

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, 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 56-year-old male who reported an injury on 12/11/2014. The mechanism of injury was not provided. There was a Request for Authorization submitted for review dated 01/13/2015. The injured worker was noted to utilize Norco for the injury. Documentation of 01/19/2015 revealed the injured worker had some very slight improvement after 3 sessions of physical therapy. The injured worker continued to have tightness stiffness and soreness in the upper back, and weakness with pain and activities. The injured worker was noted to be retired and no longer working. The injured worker was noted to undergo physical therapy. The documentation of 01/12/2015 revealed the injured worker complained of significant pain and had not been able to return to his regular duties. There was a complaint of pain with abduction of the shoulder, or pulling of the shoulder in an abducted position to 90 degrees interfering with driving, sleeping, and day to day activities. The pain was noted to have not improved over the course of the injury. There was noted to be concern for an atypical presentation of the rotator cuff tendon, ligament or muscular insertion attachment as the injured worker had the neck that was limited in injury, and the pain pattern was initially bilateral mid scapular, now was extending to the affected left shoulder and arm. The request was made for a reconsideration of the MRI due to decreased range of motion, ongoing pain, weakness, and inability to return to more regular duties despite a month of pain control requiring opioid pain medication, nonsteroidal anti-inflammatory medication use, home exercise program, activity modification, and nearly 1 month of total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI (L) Shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, page 208; Official Disability Guidelines Index 7th Edition (Web) 2012 Shoulder: Indications for imaging - Magnetic resonance imaging (MRI)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The American College of Occupational and Environmental Medicine indicates that for most injured workers with shoulder problems, special studies are not needed unless there has been a 4 to 6 week period of conservative care and observation which fails to improve symptoms. The clinical documentation submitted for review indicated the injured worker's symptoms had not improved. However, the duration and quantity of physical therapy sessions was not provided. Given the above, the request for MRI of the left shoulder is not medically necessary.

Norco 5/325 1-2 Q4-6hrs PRN Pain Disp #30 Refill 0: 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 Medications for Chronic pain, ongoing management. Page(s): 60,78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate the injured worker had an objective decrease in pain and objective functional improvement. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. Given the above, the request for Norco 5/325 1-2 q4-6hrs prn pain disp #30 refill 0 is not medically necessary.