

Case Number:	CM15-0121246		
Date Assigned:	07/01/2015	Date of Injury:	06/18/2009
Decision Date:	07/30/2015	UR Denial Date:	06/18/2015
Priority:	Standard	Application Received:	06/23/2015

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

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 injured worker is a 50-year-old male, who sustained an industrial injury on June 18, 2009. The injured worker was diagnosed as having left shoulder slap repair, left shoulder rotator cuff repair and left shoulder arthroscopy and rotator cuff repair. Treatment to date has included multiple surgeries, sling, physical therapy, medication and ice. A progress note dated June 10, 2015 provides the injured worker complains of bilateral shoulder pain. Physical exam notes cervical tenderness. The right shoulder reveals well-healed scars. Range of motion (ROM) is painful and decreased. The left shoulder incisions are clean dry and intact with no redness and some shoulder region swelling. He is post arthroscopic revision of rotator cuff repair done May 18, 2015. The plan includes physical therapy, Percocet, Ambien, shoulder sling and follow-up.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212, Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: The patient has received postoperatively, medications of Feldene and Percocet. Guidelines recommend opioid for short-term use during acute phase of injury and postoperatively for up to two weeks. The patient continues to exhibit chronic pain as well. Current request for Percocet 10/325mg #90 was modified for #30 to assist in the recovery process. Report of 6/10/15 from the provider does note improved pain relief with decreased inflammation. Per the MTUS Guidelines, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show the patient with acute pain, unable to function due to sudden progression of pain and clinical findings. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is indication the patient is able to have some benefit; however, functional benefit is required prior to further consideration or weaning process needs to be considered. At this time, the Percocet 10/325mg #90 is medically necessary and appropriate.

Unknown post op physical therapy visits: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: The patient underwent arthroscopic shoulder repair on 5/18/15. Latest report from the provider on 6/10/15 noted the patient with reduced painful range and positive orthopedic testing. Review indicates the day after evaluation on 6/11/15; the initial 12 postop PT visits were authorized. Currently, there is a request for an unknown, unspecified quantity of postop PT visits. Post-surgical guidelines allow for up to 24 visits post arthroscopic rotator cuff repair over 14 weeks over a 6-month rehab period. Although there are no updated reports of PT being started or clear measurable evidence of progress with the PT treatment perhaps already rendered including milestones of increased ROM, strength, and functional capacity, the initial course of 12 post-op PT visits was medically indicated and appropriate for recovery as part of the functional restoration process. Upon evidence of progress, review for further need of PT with documented functional baseline with clear goals to be reached and the patient striving to reach those goals is appropriate; however, there are no submitted reports of such. The Unknown post op physical therapy visits is medically necessary and appropriate.

One left shoulder stability sling: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 205.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Chapter 9 Shoulder, pages 204-205; 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Immobilization, page 920; Post-

operative Abduction Pillow Sling, page 933.

Decision rationale: Per Guidelines, a shoulder sling may be recommended as an option following open repair of large and massive rotator cuff tears; AC separation; brief use of immobilization for severe shoulder pain up to 1-2 days; and for use less than few weeks after initial shoulder dislocation with reduction; however, submitted reports have not adequately demonstrated any such criteria. Guidelines state that immobilization using sling with prolonged periods of rest are generally less effective than having patients maintain their usual pre-injury activities. Medical indication and necessity have not been established and criteria are not met for the current request as the patient has already been provided with a sling with report on 6/10/15 noting the patient using the sling. Submitted reports have not demonstrated the need for a replacement sling. The One left shoulder stability sling is not medically necessity and appropriate.