

Case Number:	CM15-0125023		
Date Assigned:	07/16/2015	Date of Injury:	04/15/2014
Decision Date:	08/18/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/29/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 54 year old male, who sustained an industrial injury on 4/15/14. He reported a fall at work. The injured worker was diagnosed as having adhesive capsulitis of right shoulder, status post right shoulder subacromial decompression and distal clavicle excision. Treatment to date has included right shoulder surgery on 12/17/14, physical therapy, home exercise program, oral medications including Flexeril and Vicodin and activity restrictions. Currently on 5/26/15, the injured worker complains of headaches and pain in the neck, back, right shoulder, right upper arm, right forearm, right elbow, right wrist, right hand, bilateral hips, bilateral legs, bilateral knees, right foot and right ankle; associated with weakness in the knee, numbness in the arm, giving way in the legs and locking and grinding of shoulder. He notes the pain radiates to bilateral thighs and toes. He notes physical therapy caused increased pain and he cancelled it. He is currently not working. Physical exam performed on 5/26/15 revealed decreased range of motion of right shoulder and slightly decreased muscle strength and exam performed on 5/11/15 revealed tenderness to palpation of right shoulder. A request for authorization was submitted for manipulation under anesthesia of the right shoulder, physical therapy and Percocet 10/325mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Manipulation under anesthesia 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 (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-219.

Decision rationale: According to CA MTUS and ACOEM guidelines shoulder surgery is recommended for injured workers with the following: "Red-flag conditions (acute rotator cuff tear, glenohumeral joint dislocation), activity limitation for more than four months with existence of a surgical lesion, failure to increase range of motion and strength of musculature of the shoulder after exercise program plus existence of a surgical lesion and clear clinical and imaging evidence of a lesion that has shown benefit in short and long term from surgical repair." The injured worker underwent right shoulder surgery on 12/14/14, the (MRI) magnetic resonance imaging mentioned was prior to that surgery and the injured worker discontinued physical therapy due to increased pain. Documentation submitted did not support existence of a surgical lesion and minimal decreased strength was noted. Based upon the information submitted and the MTUS guidelines, the request for manipulation under anesthesia of the right shoulder is not necessary.

Postop Physical therapy 5x2 and then 3x4: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

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

Decision rationale: As there is no indication for right shoulder surgery, the postoperative physical therapy is not indicated. Medical necessity for the requested PT has not been established. The requested PT is not medically necessary.

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (oxycodone & acetaminophen) Page(s): 81.

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

Decision rationale: According to the CA MTUS, Percocet (Oxycodone/Acetaminophen) is a short-acting opioid analgesic indicated for moderate to severe pain, and is used to manage both acute and chronic pain. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the

duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. The injured worker is not working currently. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper, to avoid withdrawal symptoms. The requested treatment with Percocet 10/325 mg is not medically necessary.