

Case Number:	CM15-0126856		
Date Assigned:	07/13/2015	Date of Injury:	06/06/2007
Decision Date:	08/12/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/30/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 49-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of June 6, 2007. In a Utilization Review report dated June 30, 2015, the claims administrator failed to approve requests for Norco and 12 sessions of physical therapy. The claims administrator referenced an RFA form received on May 22, 2015 in its determination. The claims administrator did apparently partially approve two sessions of physical therapy. The applicant's attorney subsequently appealed. On a progress note of April 27, 2015, the applicant reported 5/10 shoulder pain complaints. 125 to 130 degrees of shoulder range of motion were reported. The applicant had undergone earlier right shoulder surgery on February 19, 2015, it was reported. The applicant remained limited in terms of lifting, carrying, pushing, pulling, and overhead reaching tasks, it was reported. It was suggested that the applicant needed additional physical therapy for strengthening and/or home exercise transition purposes. On March 11, 2015, the applicant was refills of Naprosyn, Percocet, and Prilosec. Sutures were removed following recent shoulder surgery. The applicant was placed off work, on total temporary disability. On February 26, 2015, the applicant underwent a right shoulder arthroscopy, intraarticular debridement of torn rotator cuff and biceps tenotomy, subacromial decompression, distal claviclectomy, and rotator cuff repair procedure. On April 22, 2015, twelve sessions of postoperative physical therapy were endorsed for the first time. On May 20, 2015, the applicant was asked to pursue 12 additional sessions of physical therapy. Norco and Naprosyn were renewed and/or continued while the applicant was placed off of work. No seeming discussion of medication efficacy transpired. The applicant still reported pain with

lifting and reaching tasks. 165 to 170 degrees of shoulder range of motion were reported with positive signs of internal impingement evident. The attending provider suggested that the applicant had undergone surgery for a large rotator cuff tear. The attending provider stated that the applicant's recovery had been hampered by multiple prior surgeries involving the contralateral left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder, twice weekly for six weeks: Overturned

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Yes, the request for 12 sessions of physical therapy for the shoulder is medically necessary, medically appropriate, and indicated here. Per the limited information on file, it appeared that the applicant had had 12 total sessions of postoperative physical therapy through the date of the request, May 20, 2015. An approval of 12 additional treatments, thus, is in-line with the MTUS Postsurgical Treatment Guidelines, which support a general course of 24 sessions of postoperative therapy following rotator cuff repair surgery/acromioplasty surgery, as transpired here. This recommendation is, however, further qualified by commentary made in MTUS 9792.24.3.c3 to the effect that postsurgical physical medicine treatments may be continued up to the end of the postsurgical physical medicine treatment period in applicants in whom it is determined that additional functional improvement can be accomplished. Here, it did appear that additional functional improvement could be accomplished. The applicant was described as trending favorably as of the May 20, 2015 progress note on which the request was initiated. The applicant's range of motion had improved significantly on that date, it was reported. Additional functional improvement, thus, was possible. MTUS 9792.24.3.c2 also stipulates that the medical necessity for postsurgical physical medicine is contingent on applicant-specific factors such as comorbidities, prior pathology and/or surgery involving the same body part, nature, number, complexity of surgical procedure undertaken, etc. Here, the applicant had undergone multiple surgeries involving the contralateral, unaffected left shoulder. The applicant, thus, likely had some impairment about the left shoulder, which impacted his recovery from the effects of the right shoulder surgery. The attending provider also posited that the applicant had undergone surgery to ameliorate a large rotator cuff tear. Additional treatment on the order of that proposed was, thus, indicated as it appeared likely that the applicant could in fact accomplish further functional improvement. Therefore, the request is medically necessary.

Norco 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; 4) On-Going Management Page(s): 80; 78.

Decision rationale: Conversely, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date Norco was renewed, on May 20, 2015. The attending provider did not include any discussion on medication efficacy and did not outline other quantifiable decrements in pain or meaningful, material, substantive improvements in function (if any) effected as a result of ongoing Norco usage. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that the lowest possible dose of opioids should be prescribed to improve pain and function. Here, the attending provider's reporting on opioid consumption was incomplete. The attending provider suggested on various progress notes in close proximity to the May 20, 2015 progress note that the applicant was using Percocet for pain relief. It appeared, thus, the applicant's usage of Percocet and Norco overlapped. A clear rationale for concurrent usage of two separate short-acting opioids was not established. Therefore, the request was not medically necessary.