

Case Number:	CM15-0027042		
Date Assigned:	02/19/2015	Date of Injury:	09/04/2011
Decision Date:	04/03/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/12/2015

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 (IW) is a 42 year old male who sustained an industrial injury on 09/04/2011. He has reported left shoulder pain as well as pain radiating to the left thumb. Diagnoses include chronic pain, degeneration of C4 disc. Treatments to date include a left shoulder arthroscopy and arthroscopic Bankart Debridement of Labrum on 10/02/2014 and pain medications. A progress note from the treating provider dated 12/16/2014 indicates tenderness to palpation over the paraspinal musculature, no limitation in range of motion, and a negative Hoffman and Romberg's signs. There was diminished sensation of the left C-6 dermatome. The cervical MRI was read by the orthopedic/spine physician as showing no significant disc herniations or stenosis. On 01/13/2015 physical therapy for the left shoulder was requested. ON 12/05, the IW saw a different physician for his shoulder surgery and it was noted the IW had a neuropraxic injury of the brachial plexus. The physician recommended physical therapy due to stiffness. On 01/16/2015, a request was made for aquatic and land physical therapy 2-3 times per week for 6 weeks for the cervical and left shoulder. On 01/26/2015 Utilization Review non-certified a request for Aquatic & Land Physical Therapy 2-3x6 Cervical Spine and Left Shoulder, and non-certified a request for Bultrans 5mcg #4. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Aquatic & Land Physical Therapy 2-3x6 Cervical Spine and Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation <http://www.odg-twc.com/odgfwc;pain.htm> Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22, Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The patient presents with pain in his neck and left shoulder. The patient is s/p left shoulder arthroscopy on 10/20/14. The request is for 12-18 SESSIONS OF AQUATIC & LAND PHYSICAL THERAPY FOR THE CERVICAL SPINE AND THE LEFT SHOULDER. The patient has completed 17 sessions of physical therapy between 11/04/14 and 02/03/15 with increased shoulder ER and abduction ROM with decreased pain at end range. MTUS page 22 states that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to land-based physical therapy. Aquatic therapy, including swimming, can minimize the effects of gravity, so it is specifically recommended where reduced weight bearing is desirable, for example extreme obesity. The current request of additional physical therapy sessions is within post-operative time frame following the left shoulder surgery. For post-operative therapy treatments MTUS guidelines page 26-27 allow 24 sessions of physical therapy over 10 weeks after following shoulder arthroscopy. In this case, the treater has asked for aqua therapy but does not discuss why this is needed with land based therapy. There is no documentation of extreme obesity. Although the patient is s/p shoulder surgery on 10/24/14, the patient recently had 17 sessions of therapy as post-op treatment and there is no documentation regarding the need for weight-reduced exercise program. Therapy reports show that the patient is making functional gains and the treater does not explain why a home exercise would not suffice. There is lack of support for aqua-therapy in this case, and the request IS NOT medically necessary.

Bultrans 5mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Butrans Buprenorphine Page(s): 76-78, 88-89, 26.

Decision rationale: The patient presents with pain in his neck and left shoulder. The patient is s/p left shoulder arthroscopy on 10/20/14. The request is for BUTRANS 5MCG #4. None of the reports discuss medication except that the patient will be on Percocet and Oxycontin postoperatively. Regarding chronic opiate use, MTUS guidelines page and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's, analgesia, ADLs, adverse side effects, and adverse behavior, as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Regarding

Butrans Buprenorphine; MTUS Guidelines page 26 states, "Recommended for treatment of opiate addiction. Also recommended as an option for chronic pain, especially after detoxification in patients who have a history of opiate addiction." The review of the reports does not show any discussion specific to this medication. The four A's including analgesia, ADL's, side effects, and aberrant drug seeking behavior are not addressed as required by MTUS for chronic opiate use. There are no before and after pain scales to show analgesia; no specific ADL's are mentioned to show functional improvement; no urine toxicology, CURES reports showing opiate monitoring. There is no history of detoxification or prior opiate addiction. The request IS NOT medically necessary.