

Case Number:	CM15-0076869		
Date Assigned:	04/28/2015	Date of Injury:	09/02/2014
Decision Date:	05/26/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 injured worker (IW) is a 39 year old male who sustained an industrial injury on 09/02/2014. He reported arm pain. The injured worker was diagnosed as having a left shoulder anterior labral tear. Treatment to date has included medications, surgical arthroscopic labral repair of the tear on 11/13/2014, and physical therapy. Currently, the injured worker complains of increasing pain in his left shoulder status post partial synovectomy and decompression of the shoulder for a left shoulder anterior labral repair. The plan is for aggressive exercises to strengthen the shoulder after a repeat MRI of the shoulder with contrast to delineate the anatomy in the scar tissues separately. Physical therapy is ordered and Norco 5/325 mg #85 is ordered for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 physical therapy sessions is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are status post left shoulder surgical decompression; status post left shoulder labral repair. The injured worker underwent left shoulder arthroscopy on November 13, 2014. The injured worker completed the first set of 12 physical therapy sessions on February 19, 2015. The VAS pain scale was 6/10. The documentation is largely illegible from the treating provider. The injured worker completed the second set of 12 physical therapy sessions (24 sessions) on March 23, 2015. The VAS pain scale was 6/10. The documentation was largely illegible. The utilization review states the injured worker received 36 physical therapy sessions through March 23, 2015. There was no documentation of objective functional improvement with ongoing physical therapy. The injured worker's VAS pain score remained static at 6/10. There are no compelling clinical facts in the medical record indicating additional physical therapy is clinically indicated. Consequently, absent compelling clinical documentation with objective functional improvement of prior physical therapy sessions (24 according to the treating provider and 36 according to the utilization review) and compelling clinical facts indicating additional physical therapy is warranted, 12 physical therapy sessions is not medically necessary.

Norco 5/325 mg #85: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 5/325mg #85 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are status post left shoulder surgical decompression; status post left shoulder labral repair. The injured worker underwent left shoulder arthroscopy on November 13,

2014. The injured worker completed the first set of 12 physical therapy sessions on February 19, 2015. The VAS pain scale was 6/10. The documentation is largely illegible from the treating provider. The injured worker completed the second set of 12 physical therapy sessions (24 sessions) on March 23, 2015. The VAS pain scale was 6/10. The documentation was largely illegible. The utilization review states the injured worker received 36 physical therapy sessions. The documentation shows Norco was prescribed by the treating physician as far back as December 23, 2014. Norco 5/325 mg was refilled on January 20, 2015; February 17, 2015; and March 24, 2015. There is no documentation evidencing objective functional improvement with ongoing Norco 5/325 mg. There are no detailed pain assessments in the medical record associated with ongoing opiate use. There are no risk assessments in the medical record. There is been no attempt to wean Norco 5/325 mg. The VAS pain score remained static at 6/10. The documentation was largely illegible and difficult to determine whether there was any overall functional improvement. Consequently, absent compelling clinical documentation with objective functional improvement to support the ongoing use of Norco 5/325 mg, no pain assessments or risk assessments, and a persistently elevated high VAS pain score of 6/10, Norco 5/325mg #85 is not medically necessary.