

Case Number:	CM13-0002219		
Date Assigned:	03/03/2014	Date of Injury:	01/31/2009
Decision Date:	04/24/2014	UR Denial Date:	07/04/2013
Priority:	Standard	Application Received:	07/19/2013

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This claimant is a 41-year-old injured in a work-related accident on March 31, 2009. The clinical records provided for review date back to June 2013 at which time an orthopedic progress report by [REDACTED], dated June 26, 2013, documented a diagnosis of right shoulder rotator cuff syndrome and right elbow lateral epicondylitis. It noted that the claimant was utilizing Flexeril and Vicodin but her shoulder pain persisted. Examination documented tenderness over the anterior aspect of the shoulder with diffuse deficit with range of motion. Strength was unable to be tested due to pain. The recommendation was made for an MR arthrogram of the shoulder to assess rotator cuff pathology and continuation of medication. Two prior MRI reports were provided; one from September 2009, and one from January 2012 both of the right shoulder revealing supraspinatus and infraspinatus tendinosis with no other abnormality. It was also noted that the claimant had failed multiple injections but there was no documentation of other conservative care.

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE MAGNETIC RESONANCE (MR)-ARTHROGRAM ON RIGHT SHOULDER:

Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp Chapter, 2013 Updates: Shoulder Procedure - MR Arthrogram Section.

Decision rationale: The CA MTUS and ACOEM Guidelines are silent. When looking at Official Disability Guideline criteria, the request for an arthrogram would not be supported. The records for review reveal two prior MRI scans since the time of injury that clearly establish a working diagnosis. The documentation does not indicate that the claimant has sustained a further injury or change in symptoms that would necessitate further imaging in the form of arthrogram. While pain is continuing to persist, the request for further imaging studies would not be indicated. The request for an MR Arthrogram on the right shoulder is not medically necessary or appropriate

ONE PRESCRIPTION OF VICODIN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, On-Going Management Sec.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids-Criteria. Page(s): Page 76-80. Page 91..

Decision rationale: Based on the Chronic Pain Medical Treatment Guidelines, the continued use of Vicodin in this case would not be indicated. There is no documentation to indicate that the claimant has received significant benefit with use of conservative measures that have included oral medications and injectables. The continued use of a short-acting narcotic analgesic in the setting of failure to demonstrate a functional response would not be indicated. The request for one prescription of Vicodin is not medically necessary or appropriate

ONE PRESCRIPTION OF FLEXERIL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Muscle Relaxants (Chron.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MUSCLE RELAXANTS, Page(s): PAGE 41-42, 63-64.

Decision rationale: The CA MTUS Chronic Pain 2009 Guidelines only support the use of Flexeril as a second-line agent for short-term use in a chronic inflammatory condition. The records in this case give no indication of an acute inflammatory process nor is there documentation to support continued long-term use of muscle relaxants. The specific request in this case would thus not be indicated. The request for one prescription of Flexeril is not medically necessary or appropriate.