

Case Number:	CM13-0018533		
Date Assigned:	10/11/2013	Date of Injury:	06/06/1997
Decision Date:	01/06/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery, has a subspecialty in Hand Surgery, and is licensed to practice in Georgia and Texas. 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 physician 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.

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 patient is a 59-year-old female who reported an occupational injury on 06/06/1997 after mopping in a semi bent position. An MRI completed on 09/07/2012 revealed a tear of the supraspinatus tendon at the insertion site with fluid in the subacromial/subdeltoid bursa, which ultimately required open decompression of the right shoulder on 04/26/2013. The patient received 11 sessions of physical therapy and oral medications status post surgical repair.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy shoulder, #12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: MTUS Postsurgical Treatment Guidelines indicate that the medical necessity for postsurgical physical medicine treatment for any given patient is dependent on, but not limited to, such factors as the comorbid medical conditions; prior pathology and/or surgery involving same body part; nature, number and complexities of surgical procedure(s) undertaken; presence of surgical complications; and the patient's essential work functions. Postsurgical treatment of an open rotator cuff repair is recommended at 30 visits over 18 weeks. While MTUS Guidelines do support the use of postoperative physical therapy with up to 30 visits, this

does not mean that a provider should do every possible treatment that may be recommended or always deliver the maximum number of visits, without taking into account what was needed to cure the patient in a particular case. Furthermore, duplication of services is not considered medically necessary. While the recommendations for number of visits are guidelines and are not meant to be absolute caps for every case, they are also not meant to be a minimum requirement on each case (i.e., they are not an "entitlement"). Therefore, the request for any additional visits of physical therapy without evidence of functional deficits cannot be supported. The request for physical therapy 2x6 r shoulder qty 12 is not medically necessary and appropriate.

Zanaflex 4mg, #60 x 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxers Page(s): s 63-66.

Decision rationale: Muscle relaxants (for pain) are recommended for use with caution by the MTUS Chronic Pain Guidelines as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain (LBP.) Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Zanaflex is approved for management of spasticity and has an unlabeled use for low back pain and may also provide benefit as an adjunct treatment for fibromyalgia. The patient's most recent documentation indicates she does have right shoulder pain rated 8/10 in severity. The patient's medications at that time included Flexeril 10 mg, Norco 10 mg, Soma 315 mg, Zantac 200 mg, Percocet 10 mg, and Motrin 800 mg. Not only is the patient not qualified for use of Zanaflex due to a lack of evidence that the patient is being treated for acute exacerbation of low back pain, spasticity, or fibromyalgia, it appears as though the patient is also receiving Flexeril and Soma at this time. Therefore, the request for Zanaflex 4 mg #60 with 4 refills cannot be supported. The request for Zanaflex 4mg #60 with 4 refills is not medically necessary and appropriate.