

Case Number:	CM13-0019962		
Date Assigned:	09/30/2013	Date of Injury:	10/01/2012
Decision Date:	01/27/2014	UR Denial Date:	07/15/2013
Priority:	Standard	Application Received:	08/14/2013

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 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 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. 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:

Patient with left shoulder pain. Date of injury 10/1/12. Examination note from 8/5/13 demonstrates pain in left shoulder with flexion 135-140 with pain and positive impingement sign.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prilosec 20mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: In this case, there is lack of evidence in the medical records that the claimant is at risk for gastrointestinal events. Therefore the determination is non-certification.

Dyotin 250mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Gabapentin Page(s): 18.

Decision rationale: Regarding Dyotin (Gabapentin), there is no documentation of neuropathic pain; therefore, the determination is not medically necessary.

Zanaflex 4mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Muscle Relaxants for pain Page(s): 63.

Decision rationale: In this case there is no medical evidence of acute muscle spasms or failure of first-line options to support medical necessity.

Tramadol 50mg, #10: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Tramadol Page(s): 93-94.

Decision rationale: In this case there is lack of medical necessity for use of Tramadol and therefore determination is non certification.

Theraflex Ultra Cream: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Topical Analgesics Page(s): 111-113.

Decision rationale: Based upon the guidelines the determination is non certification.

Bio-therm lotion:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: Similar to the rationale for Theraflex cream, the determination is non certification.

Acupuncture, 2 x per week x 4 weeks, for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Acupuncture Medical Treatment Guidelines, acupuncture is used as an option when pain medication is reduced or not tolerated.

EMG of the left upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS or NCV), or, in more difficult cases, electromyography (EMG) may be helpful. NCV and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. There is lack of medical necessity for EMG or NCV testing of the left upper extremity; therefore determination is noncertification.

NCV of the left upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: Appropriate electrodiagnostic studies (EDS) may help differentiate between carpal tunnel syndrome (CTS) and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS or NCV), or, in more difficult cases, electromyography (EMG) may be helpful. NCV and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. There is lack of medical necessity for EMG or NCV testing of the left upper extremity; therefore determination is noncertification.

MR Arthrogram of the left shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-203.

Decision rationale: There is no diagnosis of significant pathology or function deficit in the left shoulder to warrant an MR arthrogram. Therefore determination is non certification.

TENS Unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on TENS Page(s): 114-116.

Decision rationale: According to the California MTUS, TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. A one-month trial period of the TENS unit should be accompanied by documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Therefore determination is non certification.