

<b>Case Number:</b>	CM13-0020970		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	01/13/2012
<b>Decision Date:</b>	02/04/2014	<b>UR Denial Date:</b>	09/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 Surgeon, Sports Medicine 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:

The patient reported an injury on 01/13/2012 after a centrifuge lid weighing approximately 30 pounds closed on her, causing injury to her neck and right shoulder. The patient was treated conservatively with activity modification, medications and corticosteroid injections as well as physical therapy. The patient underwent an electrodiagnostic study in 04/2013 that revealed severe bilateral carpal tunnel syndrome. The patient's most recent clinical evaluation indicated that the patient was approved for an intra-articular right shoulder steroid injection and acupuncture. Examination of the right shoulder revealed severe tenderness and trigger points at the serratus anterior, shoulder bursa, pectoralis. The patient had restricted right shoulder range of motion described as 30 degrees in flexion, 40 degrees in abduction, 10 degrees in adduction and 10 degrees in extension. The patient's diagnoses included right shoulder rotator cuff tear, cervical spine strain/sprain, right upper extremity numbness and pain, bilateral carpal tunnel syndrome, right cubital tunnel syndrome and sleep impairment due to pain. The patient's treatment plan included a steroid injection, surgical intervention, continued medication usage, physical therapy, nightly wrist braces and the reduction of Cymbalta from 60 mg per day to 30 mg per day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**The request for right shoulder arthroscopy, RCR, AC joint distal clavicle resection, long head biceps tenodesis: 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 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** The requested right shoulder arthroscopy, RCR, AC joint distal clavicle resection and long head biceps tenodesis is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has had persistent pain complaints despite conservative treatments. However, the American College of Occupational and Environmental Medicine recommends surgical intervention when there is significant functional impairment interfering with the patient's abilities to participate in normal activities supported by an imaging study that reveals evidence of a lesion that would benefit from surgical intervention. The clinical documentation submitted for review does indicate that the patient has undergone an MRI that provides evidence of a lesion that would benefit from surgery. However, this imaging study was not provided for review. Additionally, it is noted within the documentation that the patient is still undergone conservative treatments. The efficacy of those treatments would need to be determined prior to surgical intervention. As such, the requested right shoulder arthroscopy, RCR, AC joint distal clavicle resection and long head biceps tenodesis is not medically necessary or appropriate.

**Vicodin 5/500mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines, Online Version, Opioids, Ongoing Management, page 78

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The requested Vicodin 5/500 mg #60 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has been on this medication for an extended duration for pain relief. The California Medical Treatment Utilization Schedule recommends that the continued use of opioids in the management of the patient's chronic pain be supported by quantitative measures of symptom relief, documentation of specific functional benefit, management of side effects and monitoring for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of functional benefit, pain relief or monitoring for aberrant behavior. Therefore, continued use would not be supported. As such, the requested Vicodin 5/500 mg #60 is not medically necessary or appropriate.

**physical therapy 2 x 4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation The request for physical therapy 2 times 4 is not medically necessary or appropriate. The clinical documentation submitted for review does

provide evidence that the patient previously received physical therapy. The California Medical Treatment Utilization Schedule

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

**Decision rationale:** The request for physical therapy 2 times 4 is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient previously received physical therapy. The California Medical Treatment Utilization Schedule recommends that patients be transitioned to a home exercise program to maintain improvement levels obtained during supervised skilled therapy. The clinical documentation submitted for review does not provide any evidence that the patient is participating in a home exercise program. Although a short course of therapy may be indicated to re-establish and re-educate the patient on a home exercise program, the requested 2 times 4 for a total of 8 visits exceeds this duration. Additionally, it is not clearly indicated if this physical therapy is for conservative treatment prior to the requested surgical intervention or post the surgical intervention. The clinical documentation does not support surgical intervention at this time. Therefore, postoperative physical therapy would not be indicated. As such, the requested physical therapy 2 times 4 is not medically necessary or appropriate

**Cymbalta 60mg #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Medical Treatment Guidelines, Online Version, Antidepressants for Chronic Pain, Page 13-15.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 60 and 15.

**Decision rationale:** The requested Cymbalta 60 mg #30 is not medically necessary or appropriate. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time. However, the most recent clinical documentation indicates that the patient is not tolerating the dosage of 60 mg and is not able to manage these significant side effects. The California Medical Treatment Utilization Schedule recommends continued use of medications in the management of a patient's chronic pain being supported by increased functional benefit and symptom relief. The clinical documentation submitted for review does provide evidence that the patient is not receiving any functional benefit or symptom relief as a result of the 60 mg dosage. It was noted that the patient would be transitioned back to the 30 mg dosage as this was more appropriately tolerated by the patient. As such, the requested Cymbalta 60 mg #30 is not medically necessary or appropriate.