

Case Number:	CM13-0022490		
Date Assigned:	12/13/2013	Date of Injury:	02/01/2013
Decision Date:	03/25/2014	UR Denial Date:	08/28/2013
Priority:	Standard	Application Received:	09/10/2013

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:

This claimant sustained a right upper extremity injury on 02/01/13. Diagnosis was of right shoulder rotator cuff tear. Examination findings were of positive impingement sign right shoulder, weakness with external rotation and abduction and forward flexion, as well as severe crepitus with shoulder range of motion. MRI of the right shoulder performed on 06/22/13 documented intrasubstance tearing of the mid to anterior supraspinatus tendon. Records reflected conservative care inclusive of medications and therapy without benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

purchase of Norflex: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 65.

Decision rationale: Norflex would not be considered medically appropriate based on the medical records in this case and the California MTUS Chronic Pain 2009 Guidelines. MTUS Chronic Pain Guidelines state that muscle relaxants should be used with caution as a second line option for short term treatment of acute exacerbations in patients with chronic low back pain.

This patient has a shoulder problem. MTUS Guidelines would recommend an antiinflammatory. Therefore, the request for Norflex is not medically necessary.

right shoulder arthroscopy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

Decision rationale: Right shoulder arthroscopy would be considered medically appropriate based upon review of the records provided in this case and the MTUS ACOEM Guidelines. This claimant sustained a partial thickness rotator cuff tear. MTUS ACOEM Guidelines support surgery for this problem provided patients are treated appropriately conservatively for at least three to six months' time. This claimant was treated appropriately conservatively for at least three months following injury with therapy and medications. As of the June 2013 office visit, there are continued complaints of right shoulder pain and functional limitations. Examination was consistent with a rotator cuff tear and the MRI performed demonstrated a partial thickness supraspinatus tear. As this claimant was treated appropriately conservatively for at least three months, the right shoulder arthroscopy would be considered medically appropriate in this case based on the MTUS Guidelines.