

Case Number:	CM13-0038787		
Date Assigned:	01/15/2014	Date of Injury:	02/15/2013
Decision Date:	12/18/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/02/2013

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 Spinal Surgery and is licensed to practice in New York. 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 39 year old male was injured on 02/15/2013 while being employed. He complained of left shoulder, lumbar spine, and right lower extremity and left upper extremity pain after a fall. He was evaluated on 04/25/2013 by a physician where he was noted to continued pain. On examination he was noted to have tenderness in the left shoulder anterior aspect and AC, noted spasm in the left cervical-trapezius area, and a decreased range of motion. Per documentation a MRI dated 03/11/2013 revealed a possible labral tear, tendinosis of the supraspinatus and subscapularis tendons. Diagnosis were low back pain, rule out intradiscal component, rule out right lumbar radiculopathy, possible labral tear of left shoulder, tendinosis of the left supraspinatus and subscapularis tendons, intractable spasm and pain management issues. The injured worker had previous chiropractic treatment. Plan of care included physical therapy, diagnostic imaging and medication for pain management. The injured worker had an electromyography and nerve conduction study on 07/23/2013 which revealed normal findings of the bilateral lower extremities. He underwent a left shoulder arthroscopic subacromial decompression, debridement of partial thickness rotator cuff tear, partial distal claviclectomy, debridement of SLAP lesion, and injection into subacromial space on 03/10/2014. MRI on 10/24/2014 of the left shoulder revealed joint fluid, type I acromion, SLAP tear and bicipital tenosynovitis. MRI of the lumbar spine of 10/23/2014 revealed a lumbar 2 to lumbar 3 disc protrusion, lumbar 4 to lumbar 5 posterior disc bulge and lumbar 5 to sacral one a posterior disc protrusion with compromise of the exiting right nerve root and to a less extent of the exiting left nerve root. Follow up examination on 11/05/2014 the injured worker was noted to have increased range of motion and improvement in exercise and activity tolerance. His treatment plan included continuing with home exercise regimen and medication. The injured worker had continued to work on light duty initially and then was noted as being temporarily totally

disabled. The Utilization Review dated 09/26/ 2013 non-certified left shoulder arthroscopic subacromial decompression and SLAP lesion repair, MRI of the lumbar spine and Cyclobenzaprine # 90. The evaluating physician noted ODG and MTUS guideline recommendations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient left shoulder arthroscopy subacromial decompression (SAD) and superior labrum anterior-posterior (slap) lesion repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence, and the Official Disability Guidelines (ODG): Shoulder Chapter.

Decision rationale: This patient does not meet establish criteria for left shoulder surgery at this time. The medical records indicate that the patient had previous shoulder surgery in October 2014. The records also indicate the patient is improving with physical therapy. There is no medical justification for additional shoulder surgery at this time. More conservative measures should be employed. Criteria for shoulder surgery not met. As such, the request is not medically necessary and appropriate.

MRI of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-322.

Decision rationale: This patient does not meet establish criteria for lumbar MRI. The medical records indicate that the patient has normal neurophysiologic testing. Physical examination does not document specific radiculopathy or myelopathy in the lower extremities. Also, there is no clear documentation of adequate trial and failure of conservative measures of treatment of low back pain. There are no red flag indicators for MRI such as concerns of fracture or tumor documented medical records. MRI lumbar spine is not medically necessary at this time.

Cyclobenzaprine 7.5mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

Decision rationale: Cyclobenzaprine is a muscle relaxant medication. Muscle relaxants are not indicated for using chronic pain as per MTUS guidelines. Muscle relaxants have not been shown to improve outcomes for patients and chronic pain. This patient has chronic pain and does not meet criteria for use of Cyclobenzaprine. Cyclobenzaprine uses are not medically necessary for this patient with chronic multiregional pain