

Case Number:	CM13-0049029		
Date Assigned:	12/27/2013	Date of Injury:	04/10/2012
Decision Date:	03/14/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	11/07/2013

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 is a 52-year-old female injured in a work-related accident on 4/10/12. The clinical records reviewed include that the claimant sustained an injury to the left shoulder. Recent assessment of 8/22/13 with [REDACTED], an orthopedic surgeon, indicated continued complaints of pain about the shoulder as well as neck, low back, and right hip. Specific to the left shoulder, there are complaints of radiating pain to the upper extremity and pain with movement and overhead activity noted to be constant in nature. There is also described weakness of the left upper extremity. Physical examination findings showed positive Neer and Hawkins testing with tenderness to palpation over the subacromial bursa and restricted range of motion at end points. A previous MRI dated 6/17/13 showed supraspinatus tendinosis. The claimant was diagnosed with impingement. A surgical process was recommended in the form of a left shoulder arthroscopy and Mumford procedure. Also recommended at that date was a urine drug screen for compliance and medications in the form of Vicodin, Flexeril, and Alprazolam.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder arthroscopy and Mumford procedure: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

Decision rationale: Based on California ACOEM Guidelines and supported by Official Disability Guidelines criteria, a shoulder procedure to include a Mumford procedure would not be indicated. While the claimant is noted to be with tendinosis and impingement, there is lack of documentation to include previous injection therapy with no clinical understanding of distal clavicle findings that would support the role of a Mumford procedure. The claimant's physical examination findings are negative at the acromioclavicular joint as well as MRI scan being negative at the acromioclavicular joint. The lack of the above would fail to necessitate surgical process as requested.

Urine analysis for drug compliance: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: Based on California MTUS Guidelines, a urine drug screen would not be indicated. At present, there is no documentation of misuse of medication usage. Guidelines indicate that claimants that are at "low risk" of aberrant behavior only need to be tested in six month intervals or on a yearly basis. Lack of misuse of medications would fail to necessitate the role of this treatment modality.

Sixty (60) Vicodin: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

Decision rationale: MTUS Guidelines would not support the continued role of Vicodin. The records indicate that for ongoing narcotic management there should be documentation of pain relief, increased functional status, and demonstration of benefit. The records in this case indicate the claimant to be with no evidence of significant benefit or advancement of therapeutic treatment with the use of this age. Its continued role in the chronic setting would, thus, not be supported.

Thirty (30) Flexeril: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: MTUS Guidelines would not support the role of Flexeril. Flexeril or muscle relaxants are only indicated for short term use as a second line option for acute exacerbation in the chronic setting. The records at present do not indicate acute exacerbation of the claimant's chronic conditions. The continued role of this short term agent would, thus, not be indicated.

Thirty (30) Alprazolam: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: MTUS Guidelines would not support continued role of Benzodiazepines. These medications are typically not recommended for more than four weeks or in the chronic setting. The continued role of this agent at this chronic stage in the claimant's clinical course of care cannot be justified at present.