Case Number:	CM13-0059331		
Date Assigned:	12/30/2013	**Date of Injury:**	09/04/2007
Decision Date:	04/07/2014	**UR Denial Date:**	11/25/2013
Priority:	Standard	**Application Received:**	12/02/2013

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 Occupational 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 is a 55 year old male who was injured on 09/04/2007 while he was carrying a box when he tripped over a metal chain. He landed on the floor face down. The patient injured his bilateral shoulders, bilateral wrists, clavicle, and right knee and internal damage to his abdomen. Treatment history included brace for support to his stomach, medications include Prilosec 20 mg, daily, #30, Colace 1200 mg daily, #30, simethicone 80 mg twice daily as needed, #60, and Citrucel 1-2 tablets three times a day as needed, #120. 10/06/2012 CT Scan of Abdomen w/o contrast. Impression: 1. Mild nodular live surface. Cirrhotic morphology cannot be excluded. Please correlate clinically. 2. Bilateral non-constructive renal calculi. 3. A 5.2 x 2.0 cm fluid density collection in the right anterior upper pelvic wall which is partially imaged. Further evaluation is recommended with a CT of the pelvis with and without intravenous contrast. 07/11/2013 Electrodiagnostic Consultation Report. Impression: Electroneurographic findings are indicative of mild to moderate bilateral carpal tunnel syndrome. 2. Electroneurographic indicators of ulnar neuropathy were not seen. 3. Electromyographic indicators of acute cervical radiculopathy were not seen. 07/11/2013 MRI of Left Shoulder w/o contrast. Impression: 1. Acromion: Curved. Laterally downsloping. 2. Acromioclavicular joint: Osteoarthritis. 3. Coraco-acromial Ligament: Thickened. 4. Supraspinatus: Tendinosis. 5. Reverse Bankart's lesion. 5. Articular Cartilage: Thinned, irregular. 7. Synovium: Effusion. 08/09/2013 MRI of Right Elbow. Impression: 1. Small subchondrial cyst/erosion at lateral epicondyle. 2. No other gross abnormality is noted. 08/09/2013 MRI of Left Elbow. Impression: 1. Subchondrial cyst/erosion at the posterior aspect of capitellum. 2. No other gross abnormality see. 08/09/2013 MRI of Right Wrist with Flex/Ext. Impression: 1. Subchondral cyst/erosion at the proximal pole of lunate and capitates. 2. Small radiocarpal joint effusion. 3. Positive ulnar variance. 08/09/2013 MRI of Left Wrist with Flex/Ext. Impression: 1. Small radiocarpal joint effusion. 2. No other

gross abnormality is noted. 08/14/2013 Upper Extremity Electromyography. Impression: Normal study. Please note that a normal study does not exclude discogenic pain. Normal EMG of the bilateral upper extremities. There are no findings to suggest the presence of an active or chronic denervation in the bilateral cervical myotomes tested. The findings do not support a diagnosis of a motor radiculopathy in any of the nerve roots tested. 08/23/2013 X-Ray of Left Shoulder. Findings: Mild acomioclavicular osteoarthritis is seen. Adequate motion is seen between internal and external rotation views. There is no evidence of fracture or malalignment. The visualized left hemithorax is unremarkable. 08/23/2013 CT Scan of the Left Shoulder. Impression: 1. Acromioclavicular osteoarthritis. 2. Glenohumeral osteoarthritis. 3. Supraspinatus tendinitis. 4. Infraspinatus tendinitis. 08/23/2013 X-Ray of Right Shoulder. Impression: 1. Acromioclavicular osteoarthritis. 2. Glenohumeral osteoarthritic changes, as described above. Correlate clinically. 08/23/2013 CT SCAN Right Shoulder. Impression: 1. Glenohumeral osteoarthritis. 2. Subchondral cyst formation present within the osseous glenoid and joint space narrowing noted. 3. Acromioclavicular osteoarthritis. 08/23/2013 AP & Lateral Digital Radiograph Series of the Right Shoulder. Impression. 1. Acromioclavicular osteoarthritis. 2. Glenohumeral osteoarthritis. 09/10/2013 Transthoracic Echocadiogram Report. Impression: Normal left ventricular systolic function. Estimated ejection fraction of 67%. E:A reversal of mitral inflow is suggestive of left ventricular diastolic dysfunction. Suboptimal technical quality. 08/29/2013 MRI of Right Knee. Impression: 1. Maceration of the medial meniscus. 2. Severe medial femorotibial arthrosis. 3. Moderate patellofemorotibial arthrosis. 4. Mild lateral femorotibial arthrosis. 5. Intrascapular effusion. 6. No other significant abnormalities. 04/30/2013 Urine Toxicology Review Report. None detected. None of the analytes tested were detected. On 07/30/2013 Urine Toxicology results were negative. 09/16/2013 Urine Toxicology Report none detected. Clinic note dated 10/29/2013 documented the patient to have complaints of abdominal pain, diarrhea and constipation, per patient the pain continues even with the use of medications. Objective findings on exam included: Chest: The lungs are clear to auscultation. There are no rales or wheezes appreciated. There is no dullness to percussion. Cardiovascular: Regular rate and rhythm, S1 and S2. There are no rubs or gallops appreciated. Abdomen: Soft. Normoactive bowel sounds. Extremities: No clubbing, cyanosis, or edema. Extremities examination of tenderness and range of motion is deferred to the appropriate specialist. Discussion: Upon examination the patient displayed positive objective findings in the cervical spine, including pain, tenderness and spasm noted about bilateral paraspinal muscles and bilateral trapezius muscles; in the lumbar spine, including pain, tenderness, and spasm noted about bilateral paraspinal muscles and bilateral lumbar spine muscles; in the right shoulder, including pain and tenderness at the acromioclavicular joint subacromial region, and greater tuberosity; and in the extremities, including pain and tenderness noted about the right knee. Clinic note dated 11/07/2013 documented the patient with complaints of neck pain radiating to the bilateral upper extremities. The symptoms are decreased with acupuncture, with the patient being able to bathe with less symptoms. The patient complains of bilateral shoulder pain which wakes the patient up at night, increased with lifting, pushing and pulling. The patient wants to consider invasive treatment. The patient complains of bilateral elbow, forearm, wrist and hand pain with numbness and tingling to the fingers which wakes the patient up at night and increased with gripping and grasping. The patient complains of low back pain radiating to the bilateral lower extremities with on and off flare-ups. The symptoms are decreased with a home exercise program. The patient has had severe abdominal pain and went to the emergency room where tests were performed. The patient was prescribed medication and further tests were recommended. Objective findings on exam included: Examination of the bilateral shoulders reveals tenderness to palpation over the pariscapular musculature, subacromial region and acromioclavicular joint with muscle guarding. Impingement test and Cross Arm test are positive bilaterally. Crepitus is noted with ranging. There is slight breakaway with Codman's Drop Arm Test. Range of motion of the right shoulder is as follows: Flexion is

95 degrees, extension is 35 degrees, abduction is 90 degrees, adduction is 25 degrees, internal rotation is 35 degrees, external rotation is 40 degrees. Range of motion of the left shoulder is as follows: Flexion is 85 degrees, extension is 35 degrees, abduction is 85 degrees, adduction is 25 degrees, internal rotation is 20 degrees, and external rotation is 20 degrees.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Cyclobenzaprine 7.5mg #90: 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 Chronic Pain Treatment Guidelines Muscle relaxants (for pain), Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available), pages 63-64.

Decision rationale: As per CA MTUS guidelines, cyclobenzaprine is recommended for a short course of therapy. Limited, mixed-evidence does not allow for a recommendation for chronic use. In this case, the patient appears to have chronic pain and has been taking this medication on a chronic basis; and the current request is for a 1-month supply. However, guidelines indicate this medication is not recommended to be used for longer than 2-3 weeks. Thus, the request is non-certified.

1 Urinalysis test: 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 Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: As per CA MTUS guidelines and ODG, urine drug screening is recommended to assess for the use or the presence of illegal drugs, to monitor compliance with prescribed substances and uncover diversion of prescribed substances. As per ODG, patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, this patient had urine drug screening on 01/15/2013, 04/30/2013, 07/30/2013, 09/16/2013, and 11/26/2013. The submitted medical records do not indicate that the patient is exhibiting non-adherent or aberrant drug behaviors Thus, the medical necessity is not established and the request is non-certified.

1 pain management consultation: 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: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2ndEdition, (2004), Chapter 7, Independent Medical Examinations and Consultations, page 503.

Decision rationale: As per CA MTUS guidelines, consultation is necessary to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or the examinee's fitness for return to work. As per the records submitted, there was no clear rationale indicated why an additional consultation was being requested. The submitted medical records do not indicate any red flag diagnosis which would warrant a pain management consultation. The patient's symptoms and physical exam do not support pain consultation, which is non-certified.

3 ortho shockwave sessions for right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee & Leg (Acute and Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: CA MTUS guidelines do not specifically discuss the issue in dispute related to knee injuries, thus ODG have been consulted. As per ODG, under study for patellar tendinopathy and for long-bone hypertrophic nonunions. In this case, the patient's subjective and objective findings are inconsistent with patellar tendinopathy. Further guidelines indicate new data presented at the American College of Sports Medicine Meeting suggest that extracorporeal shockwave therapy (ESWT) is ineffective for treating patellar tendinopathy, compared to the current standard of care emphasizing multimodal physical therapy focused on muscle retraining, joint mobilization, and patellar taping. Thus, it is considered experimental and investigational and is non-certified.