

<b>Case Number:</b>	CM13-0059648		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/10/2009
<b>Decision Date:</b>	05/09/2014	<b>UR Denial Date:</b>	11/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/02/2013

### 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 Orthopaedic Surgery, and is licensed to practice in Georgia and Texas. 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:

The injured worker is a 48-year-old female who reported an injury on 11/01/2009. The mechanism of injury was the injured worker was on a step ladder placing a case of wine on a shelf when she felt pain and weakness in the right shoulder. The injured worker was diagnosed with cervical sprain, and thoracic outlet syndrome. Treatment recommendations included authorization for right shoulder debridement with manipulation under anesthesia, preoperative clearance, postoperative physical therapy and a postoperative cold therapy unit. The documentation of 07/02/2013 revealed the injured worker was to undergo an NCS of the bilateral upper extremities to rule out nerve entrapment, and a cortisone injection of the right shoulder followed by aggressive physical therapy 2 times a week x6 weeks. The injured worker had a positive Adson's and a Spurling's test, along with decreased sensation on the right C6 dermatome. The injured worker had a rhomboid spasm and trapezius spasm as well. The injured worker underwent an electrodiagnostic study on 08/12/2013, which revealed a normal EMG and an abnormal NCS, which included right mild compression of the ulnar nerve at or near the medial epicondyle by electrodiagnostic criteria. The physical examination of 08/16/2013 revealed the injured worker continued to have as positive Adson's, positive Spurling's, positive rhomboid and trapezius spasms, and decreased sensation at the C6 dermatome. The request was made for right shoulder debridement, MUA, preoperative clearance including preoperative labs, cold therapy unit, and physical therapy postoperative. The documentation of 08/30/2013 revealed the injured worker had been symptomatic for 1.5 years. It was indicated the injured worker had tried rest, medications, extensive physical therapy with aggressive physical therapy including multiple cortisone injections without relief of pain. The injured worker had 90 degrees of abduction of the shoulder, and it was indicated that the injured worker had failed 6 months of active, continuous, aggressive physical therapy, as well as multiple cortisone injections; and

therefore, was a candidate for manipulation under anesthesia with an arthroscopic debridement. The diagnoses included cervical strain, thoracic outlet syndrome, and frozen right shoulder. Physical examination of the right shoulder revealed 90 degrees of abduction, 75 degrees of flexion, 10 degrees of extension, 10 degrees of adduction, and 50 degrees of external and internal rotation. The injured worker's medication history included PPIs, muscle relaxants, anti-epileptic drugs, and anti-emetics as of 04/2013. The documentation of 09/09/2013 revealed the injured worker was using a stimulator and physical therapy. The injured worker was given medication refills. The documentation of 10/07/2013 revealed the injured worker had a positive Neer's test, range of motion was 90/75, and the injured worker had a positive Adson's, and had spasms and tenderness in the cervical region. The request again was made for a right shoulder debridement, and a manipulation under anesthesia, postoperative physical therapy 2x6 weeks, preoperative clearance including laboratory testing, cold therapy unit, and 2 consultations.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**TORADOL ER 650MG #80:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 72.

**Decision rationale:** California MTUS Guidelines indicate that Toradol is not recommended for minor or chronic painful conditions. There was a lack of documentation requesting Toradol. The medication history for the use of NSAIDs could not be established through the supplied documentation. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Toradol ER 650 mg #80 is not medically necessary.

**PRILOSEC 20MG #20:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

**Decision rationale:** California MTUS Guidelines recommend PPIs for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review indicated the injured worker had been taking the medication for greater than 5 months. There was a lack of documentation of the efficacy of the requested medication. The request as submitted failed to indicate the frequency for the med. Given the above, the request for Prilosec 20 mg #20 is not medically necessary.

**FLEXERIL 10MG #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 67. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**Decision rationale:** California MTUS Guidelines recommend muscle relaxants as a second-line option for the short-term treatment of acute low back pain, and their use is recommended for less than 3 weeks. There should be documentation of objective functional improvement. The clinical documentation submitted for review indicated the injured worker had been taking the medication for greater than 5 months. There was a lack of documented objective improvement. The request as submitted failed to indicate the frequency. Given the above, the request for Flexeril 10 mg #60 is not medically necessary.

**ZOFRAN 8MG #30:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter,

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Ondansetron.

**Decision rationale:** Official Disability Guidelines do not recommend Ondansetron, Zofran, for the treatment of nausea and vomiting secondary to chronic opioid use. The clinical documentation submitted for review failed to indicate the rationale for the requested medication. The injured worker was noted to have been on the medication for greater than 5 months. There was a lack of documented efficacy. The request as submitted failed to indicate the frequency for the medication. Given the above, the request for Zofran 8 mg #30 is not medically necessary.

**NEURONTIN 600MG #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 51-52.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

**Decision rationale:** California MTUS Guidelines indicate that antiepileptic medications are a first-line medication for the treatment of neuropathic pain. There should be documentation of an objective decrease in pain and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of an objective decrease in pain and objective functional improvement. The request as submitted failed to indicate the frequency for

the medication. The injured worker had been on the medication for greater than 5 months. Given the above, the request for Neurontin 600 mg #90 is not medically necessary.

**RIGHT SHOULDER ARTHROSCOPY, INCLUSIVE OF PRE-OP MEDICAL CLEARANCE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Diagnostic Arthroscopy Official Disability Guidelines do not address pre-operative clearance; and <http://www.choosingwisely.org/?s=preoperative+surgical+clearance&submit=>.

**Decision rationale:** Official Disability Guidelines indicate that diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. Manipulation under anesthesia is current under study as an option in adhesive capsulitis in cases that are refractory to conservative therapy lasting at least 3 to 6 months where range of motion remains significantly restricted (< 90 degrees). The clinical documentation submitted for review indicated the injured worker had failed aggressive conservative therapy. However, the request a submitted was for a right shoulder arthroscopy. A diagnostic arthroscopy would not be supported, as there was no imaging submitted for review. The injured worker would be considered medically appropriate for a manipulation under anesthesia, given the objective findings and the documentation of conservative care. Per the Society of General Internal Medicine Online, "Preoperative assessment is expected before all surgical procedures". As the requested surgical procedure was not medically necessary, this portion of the request would not be medically necessary. Given the above, the request for right shoulder arthroscopy, inclusive of pre-op medical clearance, is not medically necessary.

**COLD THERAPY UNIT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**POST OP PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR EIGHT (8) WEEKS:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.