

Case Number:	CM13-0060162		
Date Assigned:	12/30/2013	Date of Injury:	10/22/2012
Decision Date:	05/15/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	12/03/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Sports Medicine, and is licensed to practice in 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 male who reported an injury on 10/22/12, while installing awell pump. Current diagnoses include rotator cuff arthropathy, partial rotator cuff tear, acromioclavicular joint arthritis, glenoid labral tear, lateral epicondylitis, and numbness in the right upper extremity. The injured worker was evaluated on 10/23/13. The injured worker reported persistent pain in the right upper extremity with difficulty sleeping. Physical examination revealed 90% normal range of motion of the right shoulder, painful internal rotation, 5/5 strength, positive Tinel's testing at the right elbow, reduced sensation in the ulnar aspect of the right upper extremity and triceps region, and equal sensation throughout the left upper extremity. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 FLEXERIL 7.5MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state that muscle relaxants are recommended as non-sedating second-line options for the short-term treatment of acute exacerbations. Cyclobenzaprine should not be used for longer than 2-3 weeks. There was no evidence of palpable muscle spasm or spasticity upon physical examination. There is also no frequency listed in the current request. As such, the request is non-certified.

AN H-WAVE TRIAL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 117-121.

Decision rationale: The California MTUS guidelines state that H-wave stimulation is not recommended as an isolated intervention, but a one-month home-based trial may be considered as a noninvasive conservative option. H-wave stimulation should be used as an adjunct to a program of evidence-based functional restoration, and only following a failure of initially recommended conservative care. As per the documentation submitted, there is no indication of a failure to respond to physical therapy, medications, or TENS therapy. There is also no total duration of treatment listed in the current request. As such, the request is non-certified.