MAXIMUS Federal Services

Case Number:	CM13-0065766		
Date Assigned:	01/03/2014	Date of Injury:	09/22/2009
Decision Date:	03/20/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	12/13/2013

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 Orthopedics 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 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 46 year old female who has a diagnosis of C7 radiculopathy, status post arthroscopic right shoulder surgery, chronic myofascial pain syndrome the cervical spine. Patient also has history of gastritis secondary to NSAID medicine. The patient shoulder surgery on October 4, 2011 was for impingement syndrome. The patient's date of injury September 22, 2009. The patient's injury is over 4 years old and chronic and the patient's over 2 years status post a right shoulder surgery. She continues to complain of painful movements of the right shoulder. Physical examination demonstrates slightly to moderately decreased range of motion of both shoulders. There are multiple myofascial trigger points noted throughout the neck trapezius and rhomboids. There is no mention of tenderness over the rotator cuff or weakness. The medical records do not mention testing of the rotator cuff on physical examination. There is no evidence of drop on sign or weakness indicative of complete rotator cuff tear. MRI of the shoulder does show edema of the rotator cuff and a suggestion of a complete tear in the region beneath the acromion. There is moderate impingement. There is no mention of the size of the rotator cuff defect or whether or not retraction of the rotator cuff was present. Conservative treatment for shoulder complaints is not documented in the medical records. At issue is whether shoulder surgeries medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Surgical Repair of Complete Rotator Cuff Tear (R) shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com/odgtwc/shoulder.htm.

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): 210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), www.odg-twc.com/odgtwc/shoulder.htm.

Decision rationale: This patient does not meet established criteria for rotator cuff repair surgery. Specifically, there is no mention of physical examination involving the rotator cuff. There is no mention of significant loss of motion, weakness, or tenderness over the rotator cuff. The MRI from 11/2013 did not suggest any evidence of retraction of the rotator cuff. Also, it remains unclear if any significant attempts at conservative treatment for the patient shoulder complaints has been conducted. There is no documentation of significant conservative treatment. While the patient may have a degenerative rotator cuff lesion, there is no documentation that support the significant this MRI finding on physical examination , there's no documentation that this is a surgical lesion. Further documentation of conservative measures and physical examination findings consistent with significant rotator cuff tearing must be present and properly documented in the medical records. Therefore, criteria for surgical treatment of the patient's shoulder condition is not met at this time.

Aquatic Therapy Daily (Unspecified): Upheld

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

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

Decision rationale: There is documentation of her course of aqua therapy in the medical records with a physical therapist on May 23, 2013. The patient had 8 sessions of back with therapy. The medical records do not contain any mention of what functional benefit if any the patient achieved from this therapy. Criteria for additional aqua therapy are not met. Documentation of previous success with aqua therapy must be present.

Meditation CD: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 8 Neck and Upper Back Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints.

Decision rationale: MTUS guidelines do not support the use of medication CD in the treatment of chronic pain. There is no peer- reviewed literature demonstrating meditation to be effective in treating chronic rotator cuff related shoulder pain. This is purely experimental treatment and not supported by established guidelines.

Naproxen 550mg q8h #120 (retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: There is no documentation the medical records that naproxen has resulted in any objective functional improvement. The patient has been taking naproxen and there is no documentation in the medical records that naproxen has been beneficial and resulted in functional improvement. Criteria for continued use of naproxen are not met.

Cyclobenzaprine 7.5mg b.i.d(retrospective): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: Cyclobenzaprine is dissipating muscle relaxant. MTUS guidelines only recommend short-term use of muscle relaxants. This patient has been using this medicine chronically in more than 90 days. Long-term uses not supported with respect to guidelines for use. Criteria for continued use of this medicine is not met.