

Case Number:	CM14-0008860		
Date Assigned:	02/12/2014	Date of Injury:	10/26/2010
Decision Date:	07/28/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi 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 records presented for review note that this 38 year old individual was injured in October, 2010. Request for trigger point injections, repeat imaging studies of the right shoulder and right elbow and cervical spine as well as orthopedic consultation and physical therapy were not certified in the preauthorization process. A periodic evaluation was completed in January, 2013. The right elbow MRI was noted to be unremarkable. A course of medical marijuana was suggested. A pain management protocol to include Zolpiden, Tizanidine, Nortriptyline and was in place. Psychiatric issues and difficulty sleeping are noted. The clinical assessment was right shoulder impingement syndrome, adhesive capsulitis, depressive disorder, chronic pain. A psychiatric consultation was completed in April, 2013. The most recent physical examination completed his dated October 16, 2013 the complaints are right shoulder pain. An element of depression is noted. There are complaints relative to a right carpal tunnel syndrome a right cubital tunnel syndrome. Psychiatric care was outlined, sleep medications and nonsteroidal preparations were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE TRIGGER POINT INJECTION TO THE RIGHT SHOULDER:

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122, 127.

Decision rationale: When considering the date of injury, the injury sustained, the surgical intervention completed at the ongoing pain complaints with no significant findings of a myofascial disorder being closed Bobby complaints there is no clinical indication presented to support use of trigger point injections. As outlined in the California MTUS such injections are recommended for a myofascial pain syndrome alone. This gentleman has a impingement syndrome and a arthrofibrosis. As such, based on a clinical records presented is insufficient data presented to support this request.

REPEAT MRI OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 207.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207.

Decision rationale: The injury noted, the pathology objectified, the findings at surgery identified tempered by the most current physical examination findings is not present any clinical need to repeat this enhanced imaging study. The pathology at the noted, treated, and while understanding there are ongoing complaints of pain, there is no physical examination evidence reported to support the need for a repeat enhanced imaging study.

REPEAT MRI OF THE RIGHT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

Decision rationale: The records reflect that MRI assessment of the upper extremity had been completed. No specific pathology is noted. The ongoing complaints of pain after filling out a function of the compensable event and there are no physical examination findings reported to suggest the need to redo this enhanced imaging study.

MRI OF THE CERVICAL SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

Decision rationale: When considering the reported mechanism of injury, the pathology identified on enhanced imaging studies, the location of the current pain complaints tempered by

the relatively negative physical examination findings and noted that there are no "red flags" findings noted then as per the California MTUS, there is no data presented to support this request.

ORTHOPEDIC RE-EVALUATION OF THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 92.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: An additional orthopedic consultation is not indicated as there is no objective evidence of a suspected acute care or other surgical lesion. This is not to say that a follow-up with the orthopedic surgeon who completed the surgery in this case should not do a follow-up evaluation only that a new separate orthopedic consultation is not wanted based on the data presented for review.

PHYSICAL THERAPY 2 TIMES PER WEEK FOR 3 WEEKS FOR RIGHT UPPER EXTREMITY: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: Based on the date of injury, the surgery, postoperative therapies completed and the parameters outlined in the ACOEM guidelines, there is no clinical indication to repeat physical therapy in this case. Based on the physical examination reported all that is necessary is a home exercise protocol emphasizing overall range of motion, joint strength and flexibility.

COGNITIVE BEHAVIORAL RE-EVALUATION: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: When considering the claimant is already rendered, the surgery completed, the medications prescribed, and the prior psychiatric evaluations, there is nothing to suggest the need for repeat psychiatric assessment at this time.