

Case Number:	CM14-0012022		
Date Assigned:	02/21/2014	Date of Injury:	11/05/2001
Decision Date:	06/30/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/30/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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 patient is a 51 year old with an injury date on 11/5/01. Based on the 12/12/13 progress report provided by [REDACTED] the diagnoses include internal derangement, right shoulder, including impingement syndrome; chronic cervical strain superimposed un underlying cervical degenerative disc disease; and Lateral epicondylitis in the right elbow. An exam on November 27, 2013 showed tenderness to palpation on the cervical spine, upper trapezius, and paravertebral muscles on right. The patient had tenderness to palpation in the shoulder along that acromioclavicular (AC) joint, biceps tendon groove, supraspinatus deltoid complex, and rotator cuff on the right. [REDACTED] is requesting a cervical spine MRI, right shoulder MRI, TENS interferential unit trial with supplies, Naprosyn 15% compound cream 240gm, urine drug screen, functional capacity evaluation, computerized range of motion testing (performed November 27, 2013). A December 12, 2013 report indicates possible right shoulder surgical intervention.

IMR ISSUES, DECISIONS AND RATIONALES

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

CERVICAL MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, Criteria for ordering imaging studies.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

Decision rationale: The patient presents with constant right shoulder pain with numbness, radiating to the cervical spine, mild cervical spine pain, intermittent right elbow pain and numbness. A radiographic exam of cervical spine on November 27, 2013 showed no evidence of fracture or instability, but moderate uncinat arthrosis at CS/6 bilaterally. A review of the reports does not show any evidence of cervical spine MRIs being done in the past. For the evaluation of the patient with chronic neck pain, plain radiographs (3-view: anteroposterior, lateral, open mouth) should be the initial study performed. Patients with normal radiographs and neurologic signs or symptoms should undergo magnetic resonance imaging. In this case, the treating physician has asked for a set of cervical spine MRIs for the patient's persistent cervical pain with radiation into the arms. Radiating symptoms are neurologic sign/symptoms. Therefore, the request is medically necessary.

RIGHT SHOULDER MRI: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) California Guidelines Plus, Criteria for ordering imaging studies

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

Decision rationale: The patient presents with constant right shoulder pain with numbness, radiating to the cervical spine, mild cervical spine pain, intermittent right elbow pain and numbness. A review of the report shows that a right shoulder MRI was done on December 1, 2007, which showed degenerative changes at right acromioclavicular joint, associated with mild hypertrophic changes on superior and inferior aspects, with no definite tear of rotator cuff. The ACOEM Practice Guidelines state that routine testing (laboratory tests, plain film radiographs of the shoulder) and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. In this case, the patient's last MRI was from 7 years ago, and the patient continues to be symptomatic with worsening of pain. A repeat or updated MRI of the shoulder would be reasonable. Therefore, the request is medically necessary.

TENS INTERFERENTIAL UNIT TRIAL WITH SUPPLIES: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulations (ICS) Page(s): 118-119.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: The patient presents with constant right shoulder pain with numbness, radiating to the cervical spine, mild cervical spine pain, intermittent right elbow pain and numbness. A December 12, 2013 reports that the patient has undergone physical therapy with little improvement. A review of the reports do not show any evidence of TENS unit being used in the past. According to the California MTUS guidelines, TENS units have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, complex regional pain syndrome (CRPS), spasticity, phantom limb pain, and Multiple Sclerosis. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. In this case, the treating physician has asked for TENS interferential unit trial with supplies, as patient has not responded to conservative modalities. A one month trial of TENS unit is reasonable and within MTUS guidelines. Therefore, the request is medically necessary

NAPROSYN 15% COMPOUND CREAM 240 GM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 20-21, Chronic Pain Treatment Guidelines Anti-inflammatory medications, NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 22, 67-7.

Decision rationale: The patient presents with constant right shoulder pain with numbness, radiating to the cervical spine, mild cervical spine pain, intermittent right elbow pain and numbness. The Chronic Pain Medical Treatment Guidelines recommends topical NSAIDs for peripheral joint arthritis and tendinitis at lowest dose for shortest period, acute exacerbations of chronic back pain as second line to acetaminophen, and chronic low back pain for short-term symptomatic relief. In this case, the treating physician has asked for Naprosyn 15% compound cream 240gm but the patient shows no symptoms of peripheral joint osteoarthritis or acute back pain. The patient reports neck and shoulder problems for which topical NSAIDs are not indicated. Therefore, the request is not medically necessary.

URINE DRUG SCREEN: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Steps to avoid opioid misuse Page(s): 43, 94-95.

Decision rationale: The patient presents with constant right shoulder pain with numbness, radiating to the cervical spine, mild cervical spine pain, intermittent right elbow pain and numbness. A review of the report shows no evidence of a prior urine drug screening being done.

The California MTUS Guidelines recommends urine drug screens to test for illegal drugs, to monitor compliance with prescribed substances, to continue, adjust or discontinue treatment, when patient appears at risk for addiction, or when drug dosage increase proves ineffective. In this case, patient is not currently taking any opiates, nor does the treating physician explain why a urine drug screen is indicated for patient's condition. Therefore, the request is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Functional Capacity Evaluation (FCE)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Function Improvement Measures Page(s): 48. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 137-138

Decision rationale: The patient presents with constant right shoulder pain with numbness, radiating to the cervical spine, mild cervical spine pain, intermittent right elbow pain and numbness. The California MTUS Guidelines are silent regarding functional capacity evaluation (FCE), but the ACOEM Guidelines do not recommend them due to their oversimplified nature and inefficacy in predicting future workplace performance. FCE's are indicated for special circumstance and only if it is crucial. In this case, requested functional capacity evaluation is not consistent with guidelines; therefore, the request is not medically necessary.

COMPUTERIZED RANGE OF MOTION TESTING (PERFORMED 11/27/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC; ODG Treatment; Integrated Treatment/Disability Duration Guidelines, Shoulder (Acute & Chronic), Range of Motion, Neck and Upper Back, (Acute & Chronic), Range of Motion.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar chapter and Neck Chapter, for range of motion.

Decision rationale: The patient presents with constant right shoulder pain with numbness, radiating to the cervical spine, mild cervical spine pain, intermittent right elbow pain and numbness. On November 27, 13, the treating physician performed a computerized range of motion (ROM) test on the same day as, and as part of a normal progress report. The Official Disability Guidelines recommend computerized ROM testing as a routine part of a physical examination. A computerized ROM test separate from the routine musculoskeletal evaluation is not in accordance with guidelines. In this case, the treating physician is asking for computerized range of motion testing performed on the same day as a follow-up. The guidelines do not require specialized ROM testing. Therefore, the request is not medically necessary.