

Case Number:	CM14-0113151		
Date Assigned:	08/01/2014	Date of Injury:	03/11/2013
Decision Date:	09/24/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/18/2014

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 Preventive Medicine 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:

According to the records made available for review, this is a 33-year-old female with a 3/11/12 date of injury. At the time (6/30/14) of request for authorization for MRI of the right shoulder per 6/30/14 report, Cyclobenzaprine 7.5mg 6/30/14 report, and MRI of the left shoulder DOS: 6/30/14 RFA, there is documentation of subjective (right shoulder pain radiating to neck and forearm) and objective (tenderness over the right shoulder, limited shoulder range of motion, and positive Neer's impingement) findings, imaging findings (X-ray of right shoulder (4/28/14) report revealed normal shoulder examination), current diagnoses (right shoulder strain with impingement rule out rotator cuff tear), and treatment to date (medications (including ongoing treatment with Naproxen and Cyclobenzaprine since at least 2/3/14) and physical therapy). Regarding Cyclobenzaprine, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain; short-term (less than two weeks) treatment; and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Regarding MRI of left shoulder, there is no documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears; acute shoulder trauma, suspect rotator cuff tear/impingement; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder DOS: 6/30/14 RFA: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear, as criteria necessary to support the medical necessity of shoulder MRI. Within the medical information available for review, there is documentation of a diagnosis of right shoulder strain with impingement rule out rotator cuff tear. However, there is no documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears. In addition, there is no documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear. Therefore, based on guidelines and a review of the evidence, the request for MRI of the left shoulder DOS: 6/30/14 RFA is not medically necessary.

Cyclobezaprine 7.5mg 6/30/14 report: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Muscle relaxants (for pain).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of acute exacerbation of chronic low back pain and used as a second line option for short-term treatment, as criteria necessary to support the medical necessity of muscle relaxant. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies that muscle relaxants are recommended for short-term (less than two weeks) treatment. Within the medical information available for review, there is documentation of a diagnosis of right shoulder strain with impingement rule out rotator cuff tear. In addition, there is documentation of ongoing treatment with Cyclobenzaprine. Furthermore, given documentation of ongoing treatment with NSAIDs, there is documentation of Cyclobenzaprine used as a second line agent. However, there is no documentation of acute muscle spasms or acute exacerbation of chronic low back pain. In addition, given documentation of Cyclobenzaprine use since at least

2/3/14, there is no documentation of short-term (less than two weeks) treatment. Furthermore, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Cyclobenzaprine use to date. Therefore, based on guidelines and a review of the evidence, the request for Retrospective request for Cyclobenzaprine 7.5mg 6/30/14 report is not medically necessary.

MRI of the right shoulder per 6/30/14 report: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209. Decision based on Non-MTUS Citation MRI (Magnetic Resonance Imaging).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Magnetic resonance imaging (MRI).

Decision rationale: MTUS reference to ACOEM Guidelines identifies documentation of preoperative evaluation of partial thickness or large full-thickness rotator cuff tears, as criteria necessary to support the medical necessity of shoulder MRI. ODG identifies documentation of acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain, or suspect instability/labral tear, as criteria necessary to support the medical necessity of shoulder MRI. Within the medical information available for review, there is documentation of a diagnosis of right shoulder strain with impingement rule out rotator cuff tear. In addition there is documentation of suspect rotator cuff tear and normal plain radiographs. Therefore, based on guidelines and a review of the evidence, the request for MRI of the right shoulder per 6/30/14 report is medically necessary.