

Case Number:	CM14-0116087		
Date Assigned:	08/04/2014	Date of Injury:	04/02/2009
Decision Date:	09/11/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/24/2014

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 Occupational 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:

The injured worker is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of April 2, 2009. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; ultrasound imaging of the shoulder of April 27, 2014, notable for calcifying tendinitis of the shoulder and acromioclavicular joint arthritis; cervical MRI imaging of March 10, 2014, notable for a 3-mm disk bulge at C4-C5 with associated multilevel low-grade disk bulges at C4-C5 and C5-C6 of uncertain significance; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 10, 2014, the claims administrator denied a request for Norco and extracorporeal shockwave therapy, invoking non-MTUS ODG guidelines. The claims administrator stated that extracorporeal shockwave therapy was contraindicated here owing to the fact that the injured worker had comorbid cervical spine issues including a reported remote C5-C6 compression fracture, which the claims administrator misspelled as a "compartment" fracture. The injured worker's attorney subsequently appealed. On February 13, 2014, the injured worker represented with persistent complaints of neck and bilateral shoulder pain. The injured worker's neck pain was radiating to the bilateral upper extremities with 4/5 left and right shoulder strength was noted. The injured worker had x-rays of the right shoulder notable for calcification of the rotator cuff tendon with moderate degenerative changes noted at the left acromioclavicular joint, the attending provider reported. The attending provider reported that the injured worker's cervical spine x-ray was notable for multilevel moderate degenerative changes at C4-C5 and C6-C7. The injured worker also had issues with stress, anxiety, and depression, the attending provider posited. Acupuncture and MRI imaging of several body parts were sought. Work restrictions were issued. The attending provider suggested that the injured

worker was working as a salesman with restrictions in place. The actual cervical MRI report of March 10, 2014 was reviewed and read as showing a remote compression fracture at C5-C6. The injured worker was given prescriptions for Motrin and Norco on a June 23, 2014 office visit. The attending provider posited that the prescription for Norco was a first-time prescription for the injured worker's ongoing complaints of shoulder pain. The attending provider sought authorization for right shoulder subacromial corticosteroid injection and a series of right shoulder extracorporeal shockwave therapy to address the injured worker's calcifying tendinitis. It was again suggested that the injured worker was working with restrictions in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 2.5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/ Acetaminophen (Norco); Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

Decision rationale: The request in question represents a first-time request for Norco. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco or hydrocodone-acetaminophen is indicated in the treatment of moderate to moderately severe pain, as is present here. The applicant reported 6/10 pain on a June 23, 2014 office visit, referenced above. Introduction of Norco to combat the same was indicated. Therefore, the request was/is medically necessary.

Unknown Extracorporeal Shockwave Therapy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203, medium-quality evidence supports extracorporeal shockwave therapy for the specific diagnosis of calcifying tendinitis of the shoulder. In this case, the injured worker does have evidence of calcifying tendinitis of the right shoulder, the body part for which the attending provider did in fact request extracorporeal shockwave therapy on the June 23, 2014 office visit, referenced above. The injured worker has, furthermore, tried and failed numerous conservative treatments over the years, including time, medications, physical therapy, etc. A trial of extracorporeal shockwave therapy for the injured worker's shoulder is indicated. It is noted that the attending provider's request was imprecise and did not state how many sessions of extracorporeal shockwave therapy were being sought here. Nevertheless, provision of some extracorporeal

shockwave therapy is preferable than provision of no extracorporeal shockwave therapy here, particularly in light of the fact that the claims administrator made several textual, factual, and content errors in his Utilization Review denial. In that denial, the claims administrator suggested that the injured worker and/or the attending provider were pursuing extracorporeal shockwave therapy for the cervical spine, which is not the case. The attending provider specifically requested extracorporeal shockwave therapy for the injured worker's shoulder calcifying tendinitis. It is further noted that the claims administrator also gave precedence to non-MTUS guidelines over MTUS guidelines. For all of the stated reasons, then the request is indicated. Therefore, the request is medically necessary.