

Case Number:	CM14-0119214		
Date Assigned:	09/24/2014	Date of Injury:	01/26/2011
Decision Date:	10/24/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/29/2014

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 Indiana. 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:

This employee is a 64 year old male with date of injury of 1/26/2011. A review of the medical records indicates that the patient is undergoing treatment for right shoulder impingement and right wrist tendinitis. Subjective complaints include continued pain in the right shoulder and wrist. Objective findings include decreased range of motion of right shoulder with pain upon palpation; positive Tinel's test with pain upon movement of right wrist. Treatment has included extracorporeal shockwave on right shoulder, physical therapy, injections, and Tylenol. The utilization review dated UR date 7/1/2014 medications without any specifics on name, dosage, or quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medications to Treat Pain, Muscle Spasm and Inflammation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI Symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175.

Decision rationale: The ACOEM guidelines state that in reference to neck pain: "Comfort is often a patient's first concern. Nonprescription analgesics will provide sufficient pain relief for

most patients with acute and subacute symptoms. If treatment response is inadequate (i.e., if symptoms and activity limitations continue), prescribed pharmaceuticals or physical methods can be added. Comorbid conditions, side effects, cost, and provider and patient preferences generally guide the clinician's choice of recommendations. With no information on the name, type, quantity or duration of medications, it is impossible to determine appropriateness. Therefore, the request for medications is not medically necessary.