

Case Number:	CM14-0150150		
Date Assigned:	09/18/2014	Date of Injury:	08/05/2011
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/15/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 claimant injured her left shoulder on 08/05/11. The mechanism of injury is unknown. A left shoulder ultrasound, Lidoderm patches, and paper tape 1 inch are under review. The claimant underwent left shoulder arthroscopic subacromial decompression, distal clavicle excision, debridement of a SLAP tear, and debridement of supraspinatus and infraspinatus partial-thickness tears on 08/21/13. On 04/28/14, she had pain and stiffness of the shoulder with tenderness. Her active range of motion was decreased. She was referred for a consult with [REDACTED] for possible manipulation under anesthesia. On 05/27/14, she still had pain. She had a comprehensive orthopedic evaluation. She was diagnosed with adhesive capsulitis. She had restricted range of motion with elevation to 100, abduction to 100, and external rotation to 70. There was point tenderness about the shoulder and muscle strength was graded 4/5. There was evidence of impingement. On 06/12/14, following an appointment with [REDACTED] on 05/27/14, a left shoulder MRI arthrogram was under consideration. She had a frozen shoulder. An MRI with gadolinium was recommended to assess for rotator cuff tear and scar tissue. An MRI arthrogram with certified on 06/17/14 but it is not mentioned after that date and no report is in the file. She continues to have pain and decreased range of motion. She was using Lidoderm and reported her pain level was 8-9/10 without medications and 7/10 with medication. She was prescribed Lidoderm patches on 08/05/14, but the handwritten note by [REDACTED] is essentially illegible. She was to continue home exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder ultrasound: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Ultrasound, diagnostic

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214, 9-6.

Decision rationale: The history and documentation do not objectively support the request for an ultrasound of the shoulder. The MTUS state that diagnostic ultrasonography for the shoulder is "not recommended." The claimant has had surgery and has persistent symptoms with a diagnosis of adhesive capsulitis. It is not clear how the results of this type of study would change the claimant's course of treatment in the future. An MR arthrogram of the shoulder was approved in June 2014 but the status of the approval is not known, including whether or not the MR arthrogram was done. The medical necessity of this request for an ultrasound of the shoulder has not been clearly demonstrated.

Lidoderm patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics, Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for Lidoderm patches. The MTUS p. 143 state "topical agents may be recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." There is no evidence of failure of all other first line drugs. Trials of other first line medications are not described in the records, including whether or not there were side effects or a lack of effectiveness of the medications. The medical necessity of this request for Lidoderm patches #30 has not been clearly demonstrated.

Paper tape 1" #1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 143.

Decision rationale: The history and documentation do not objectively support the request for paper tape 1" #1. It is not clear from the records but would appear that the reason for the paper tape is to possibly secure the Lidoderm patches. The MTUS p. 143 state "topical agents may be

recommended as an option [but are] largely experimental in use with few randomized controlled trials to determine efficacy or safety. Primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. (Namaka, 2004)." As per question number 2, the medical necessity of Lidoderm patch is not medically necessary and therefore, the medical necessity of this request for paper tape 1" is also not medically necessary.