

Case Number:	CM14-0150192		
Date Assigned:	09/19/2014	Date of Injury:	08/14/2012
Decision Date:	10/22/2014	UR Denial Date:	08/26/2014
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 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:

This patient is a 59 year old female employee with date of injury of 8/14/2012. A review of the medical records indicate that the patient is undergoing treatment for status post right shoulder arthroscopy with rotator cuff repair times two; and cervical strain, rule out herniated nucleus pulposus. Subjective complaints include right shoulder pain continuous with limited range of motion and numbness; weakness and headaches; burning and tingling in right arm (7/29/2014). Increased right shoulder pain and discomfort (8/19/2014) extending to upper back and neck. Objective findings include (7/10/2014, 7/29/2014 and 8/19/2014) tenderness to palpation at AC joint and upper traps, impingement, positive Hawkins, positive Neers test, pain and stiffness, limited range of motion, crepitation at rotator cuff and tingling and numbness in upper extremities (8/19/2014). Past surgeries have included two shoulder arthroscopies in 2013. MRI in 2012 revealed right shoulder rotator cuff tear and MRI later in 2013 revealed a ruptured rotator cuff and subsequent surgery. Treatment has included a sling, acupuncture, and medication, Norco and Soma, with minor relief (8/19/2014). Additional medications include hydrocodone (ran out in June 2014) and acetaminophen 500mg (7/10/2014). The utilization review dated 8/26/2014 non-certified the following: -1 MRI of the right shoulder due to lack of functional changes in patient-Acupuncture 2 x 4 due to lack of functional changes in patient. Of note a subsequent utilization review dated 9/16/2014 approved for a trial of 2 sessions a week for 3 weeks.-1 EMG for the bilateral upper extremities since radiculopathy has been already established-1 NCV for the bilateral upper extremities since radiculopathy has been already established-Norco 5/325mg #60 lack of stated benefits for usage-Soma 350mg #30 due to lack of detailed medical reasoning.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of the right shoulder: 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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209,213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI)

Decision rationale: ACOEM states 'Primary criteria for ordering imaging studies are:- Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems)- Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon)- Failure to progress in a strengthening program intended to avoid surgery.- Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)" ODG states "Indications for imaging Magnetic resonance imaging (MRI):- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Subacute shoulder pain, suspect instability/labral tear- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)". Medical documents revealed two prior MRI's of the shoulder, with the most recent one occurring in 2013. The medical records do indicate established rotator cuff tear from the two prior MRIs. The medical documents do not specify what new significant symptoms have developed or changed since last MRI that would warrant a repeat one. As such, the request for 1 MRI of the right shoulder is not medically necessary.

Acupuncture 2 x 4: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Acupuncture

Decision rationale: MTUS "Acupuncture Medical Treatment Guidelines" clearly state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical records do not indicate that pain medication is reduced or not tolerated. There is also no indication that this would be used in conjunction with physical rehabilitation and/or surgical intervention. ODG states regarding shoulder acupuncture, "Recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery." and additionally specifies the initial trial should be "3-4 visits over 2 weeks with evidence of objective functional improvement, total of up to 8-12 visits over 4-6

weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.)" The medical records indicate that a utilization review has approved for a trial course of 6 acupuncture sessions. There is no evidence provided that indicates the patient has experienced functional improvements as a result of acupuncture. As such, the request for Acupuncture for 2 X 4 is not medically necessary.

1 EMG for the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". The treating physician has already identified clinically obvious radiculopathy (right C6 dermatome). Per guidelines, EMG is not clinically obvious. As such, the request for EMG of the Bilateral Upper Extremities is not medically necessary.

1 NCV for the bilateral upper extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Electrodiagnostic testing (EMG/NCS)

Decision rationale: ACOEM States "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography(EMG) may be helpful." ODG states in the Low Back Chapter and Neck Chapter, "NCS is not recommended, but EMG is recommended as an option (needle, not surface) to obtain unequivocal evidence of radiculopathy, after 1-month conservative therapy, but EMG's are not necessary if radiculopathy is already clinically obvious. Electrodiagnostic studies should be performed by appropriately trained Physical Medicine and Rehabilitation or Neurology physicians. See also Monofilament testing". Guidelines do not recommend the use of NCS. An

EMG, which is commonly performed at the same time as NCS, is not recommended due to clinically obvious radiculopathy. As such, the request for 1 NCV for the bilateral upper extremities is not medically necessary.

1 prescription for Norco 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The medical records indicate that the patient has been on Norco longer than the 2 week recommendation. The records do not support what extenuating circumstances exist that warrant continued treatment. As such, the request for Norco 325/10mg #60 is not medically necessary.

1 prescription for Soma 350mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Soma (Carisoprodol)

Decision rationale: MTUS states "Not recommended. This medication is not indicated for long-term use. Carisoprodol is a commonly prescribed, centrally acting skeletal muscle relaxant whose primary active metabolite is meprobamate (a schedule-IV controlled substance). Carisoprodol is now scheduled in several states but not on a federal level. It has been suggested that the main effect is due to generalized sedation and treatment of anxiety. Abuse has been noted for sedative and relaxant effects. In regular abusers the main concern is the accumulation of meprobamate. Carisoprodol abuse has also been noted in order to augment or alter effects of other drugs." ODG States that Soma is "Not recommended. This medication is FDA-approved

for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy (AHFS, 2008). This medication is not indicated for long-term use." Guidelines do not recommend use of SOMA. Treating physician does not detail circumstances that would warrant extended usage over other medications. As such, the request 1 prescription for Soma 350mg #30 is not medically necessary.