

<b>Case Number:</b>	CM14-0161912		
<b>Date Assigned:</b>	10/13/2014	<b>Date of Injury:</b>	01/24/2012
<b>Decision Date:</b>	12/26/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Orthopedic Surgery and is licensed to practice in Minnesota. 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 is a 50 year old gentleman who sustained an industrial injury on 01/24/2012 while lifting a heavy object. Per the Primary Treating Physician's Progress Report dated 07/21/2014, the injured worker reported pain in the neck and right shoulder that was reproducible with motion. Physical examination revealed the cervical spine with right sided tenderness and spasm. Flexion 40 degrees, extension 20 degrees, rotation to the right and left 60 degrees and lateral bending to the right and left 20 degrees. The right shoulder flexion is 160 degrees, abduction 160 degrees, and internal and external rotation of 60 degrees with pain reproduced by motion. The diagnoses included disc protrusion, cervical spine and labral tear right shoulder. The plan of care included Physical Therapy and medication management. The injured worker had prior PT of the shoulder but the number of visits is not documented in the records provided. On August 28, 2014, Utilization Review modified a prescription for Physical Therapy (PT), 3x4 for the neck and right shoulder to PT 3x4 for the neck only, based on lack of functional improvement with prior PT for the shoulder; and non-certified a prescription for Flexeril 10mg #60, based on lack of medical necessity and the MTUS Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PT 3 x 4 for neck and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The documentation indicates lack of benefit from prior physical therapy for the right shoulder. No objective functional improvement was documented. He was instructed in an active exercise program for the shoulder in the past and can continue with a home exercise program. Physical medicine for chronic pain guidelines allow for fading to a home exercise program. An orthopedic consultation has been approved for the right shoulder SLAP lesion. The California MTUS guidelines indicate that physical modalities for the shoulder such as massage, diathermy, ultrasound, TENS units, and cutaneous laser are not supported by high quality medical studies and may be useful in the initial stage but not in chronic cases. The MRI scan of the cervical spine from 2013 revealed a right paracentral broad based disc protrusion at C6-7 resulting in mild central spinal stenosis and mild to moderate right neuroforaminal stenosis. This may cause right sided radicular pain. Based upon the above, UR modified the request for neck and shoulder therapy to neck therapy which is appropriate and medically necessary based upon guidelines. The request for PT 3 x 4 for neck and right shoulder as requested is therefore not medically necessary.

**Flexeril 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antispasmodics, cyclobenzaprine Page(s): 41, 64.

**Decision rationale:** Cyclobenzaprine is not recommended for chronic use. Guidelines report the maximum effect is in 4 days of therapy suggesting that shorter courses are better. It is recommended as an option using a short course of therapy. It should not be combined with other drugs. The prescription for Flexeril # 60 is therefore not medically necessary per evidence based guidelines.