

Case Number:	CM14-0170424		
Date Assigned:	10/20/2014	Date of Injury:	03/20/2013
Decision Date:	11/20/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

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 Orthopaedic Surgery 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 61-year-old male sustained an industrial injury on 3/20/13. Injury to the left shoulder occurred while lifting and moving a case of sodas. The 5/10/13 left shoulder MRI demonstrated a high-grade partial thickness supraspinatus and infraspinatus tear with retraction of the torn tendon. There was chronic high-grade partial tearing of the subscapularis tendon. There was attenuation with degeneration of the entire glenoid labrum with marginal osteophyte formation of the adjacent glenoid rim. Findings were consistent with a chronic tear or rupture of the biceps tendon. There was moderate to severe acromioclavicular joint arthrosis. The patient underwent left shoulder arthroscopy with acromioplasty, Mumford procedure, extensive debridement, and rotator cuff repair on 4/16/14. Flexeril has been prescribed since at least 4/16/14. The 8/25/14 physical therapy report indicated the patient had completed 24 post-op visits and the patient reported overall improvement of 30% since initiation of care. The physical therapist stated that objective findings had not improved since initial evaluation. The patient complained of continued pinching sensation in the shoulder joint at end range flexion and mid-range abduction. Lifting and reaching behind his back were the most difficult. Muscle spasms were reported minimal since initiation of home H-wave. The 9/2/14 treating physician report cited moderate left shoulder pain with popping, grinding, and a mass/lump. Symptoms were aggravated by pushing, repetitive use, pulling, lifting, and reaching overhead. Symptoms were improved with rest and pain medications. There was no change in the level of functional activity since the last visit. Medications included Norco, Motrin and Flexeril. Home program included ice, exercise and a TENS unit. Left shoulder exam documented no soft tissue swelling, no effusion, tightness in the retracted biceps muscle, and intact sensation. Range of motion testing documented flexion 115 degrees and abduction 90 degrees. The treatment plan recommended home exercise, ice, medications, and physical therapy 2 times 6. The 9/29/14 utilization review denied the request

for Flexeril 10 mg #150 as there were no muscle spasms documented on physical exam, no functional improvement from any previous use of this medication, and lack of guideline support of efficacy over anti-inflammatory medications. The request for additional physical therapy to the left shoulder (12 visits) was denied as there was no objective documentation of symptomatic or functional improvement from previous therapy sessions and there had been ample time for transition to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril Tablets 10 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Muscle relaxants (for pain) Page(s): 41-42, 63-65.

Decision rationale: The California MTUS guidelines recommend the use of the muscle relaxant Cyclobenzaprine (Flexeril) as an option, using a short course of therapy. Treatment should be brief. This medication is not recommended to be used for longer than 2 to 3 weeks. Guideline criteria have not been met for continued use. Records indicate that this medication has been prescribed since at least 4/16/14. There is no documentation of specific functional benefit associated with the patient's use of this medication. Muscle spasms are currently documented as minimal since initiation of a home H-wave unit. Given the absence of guideline support beyond 2 to 3 weeks, discontinuation is indicated. Therefore, this request is not medically necessary.

Physical Therapy Left Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Post Surgical Rehabilitation Shoulder.

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The California MTUS Post-Surgical Treatment Guidelines for rotator cuff repair/acromioplasty suggest a general course of 24 post-operative visits over 14 weeks during the 6-month post-surgical treatment period. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. This patient completed the general recommended course of post-op physical therapy with no change in objective exam findings since initiation of care and no improvement in functional activity levels over the last month. Records documented the patient had a home exercise and therapy program in place. Given the absence of functional improvement over the course of therapy, additional functional gains would not be expected with additional therapy. Therefore, this request is not medically necessary.

