

Case Number:	CM14-0023363		
Date Assigned:	05/12/2014	Date of Injury:	01/03/2002
Decision Date:	07/10/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/23/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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:

According to report 12/16/2013 by [REDACTED], the patient presents with aching throbbing pain in the bilateral shoulder that radiates down to her elbow. The patient is noting increased left shoulder pain and stiffness. Examination of the left shoulder revealed restricted movements with flexion limited to 130 degrees due to pain. Abduction was limited to 150 degrees and adduction limited to 50 degrees. Internal rotation behind body limited to thumb touching L5 and external rotation limited to 40 degrees due to pain. Examination of the right hand revealed healed incision in the right hand. Range of motion is decreased with flexion at metacarpophalangeal joint of the thumb limited to 25 degrees. There is tenderness to palpation noted over the distal interphalangeal joint of the thumb, metacarpophalangeal joint of the thumb. On 01/20/2014, the patient reported continued left shoulder pain and stiffness in the joints. She has difficulty with reaching above and pushing and pulling. The patient continues with restricted ROM of the left shoulder. Hawkins' test, Neer's test, and shoulder crossover test were all noted as positive. Treatment plan included physical therapy 2 times a week for 3 weeks for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO TIMES A WEEK FOR THREE WEEKS TO THE LEFT SHOULDER: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Section Page(s): 98-99.

Decision rationale: For physical medicine, the MTUS guidelines page 98, 99 recommends for myalgia and myositis type symptoms 9-10 visits over 8 weeks. Review of the medical file which includes progress reports from 03/14/2013 to 01/20/2014 does not provide any discussion regarding physical therapy. Given the patient's increase in pain and decrease in range of motion a short course of 6 sessions are medically necessary.

MAGNETIC RESONANCE IMAGING (MRI) LEFT SHOULDER, REFERRAL TO ORTHOPEDIC SURGEON FOR EVALUATION: 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).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208.

Decision rationale: The ACOEM Guidelines has the following regarding shoulder MRIs, page 207 to 208, "Routine testing, laboratory test, plain film radiographs of the shoulder, and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain." Records indicate that this patient already had an MRI in 2010. There is no new injury, no new examination findings other than some reduction of ROM and positive impingement maneuvers. The patient will also go through physical therapy and there are no red flags. The request is not medically necessary.

LEFT SHOULDER ARTHROSCOPY: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter and the ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 7, page 127.

Decision rationale: This patient presents with chronic left shoulder complaints. The request is for a left shoulder arthroscopy. ODG guideline recommends diagnostic arthroplasty, "as indicated below. Criteria for diagnostic arthroscopy (shoulder arthroscopy for diagnostic purposes): Most orthopedic surgeons can generally determine the diagnosis through examination and imaging studies alone. Diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care." In this case, the surgery itself is not recommended and thus not medically necessary.

FLURBIPROFEN 20% CREAM: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

Decision rationale: The MTUS Guidelines p 111 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." MTUS further states, "Any compounded product that contains at least one (or drug class) that is not recommended is not recommended." For Flurbiprofen, MTUS states, "the efficacy in clinical trials for this treatment modality has been inconsistent, and most studies are small and of short duration. Topical NSAIDs had been shown in the meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis. Indications for use are osteoarthritis and tendinitis (in particular, that of the knee and elbow) or other joints that are amendable to topical treatment. In this case, the patient does not meet the indication for the topical medication as he does not present with any osteoarthritis or tendonitis symptoms. The request is not medically necessary.