

<b>Case Number:</b>	CM14-0032607		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/13/2013
<b>Decision Date:</b>	07/22/2014	<b>UR Denial Date:</b>	03/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/14/2014

### 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 Pain Medicine and is licensed to practice in Texas. 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 injured worker is a 44 year old male who had work related injuries on 04/13/13, the mechanism of injury, pulling and pushing heavy cable on top of a pole he started noticing right shoulder discomfort at the end of the day period, and was unable to use the right shoulder the next day. He was initially treated conservatively with physical therapy but failed to get better and subsequently underwent right shoulder surgery in 08/13. Procedure included superior labrum anterior posterior (SLAP) repair with one anchor at the anterior portion as well as a synovectomy. The injured worker reported that he never got better after surgery. He stated his pain was constant and persistent for the past four months the injured worker had been getting acupuncture. Prior to that in following the shoulder surgery, he had sessions of physical therapy the injured worker also undergone several intra-articular injections of the shoulder. In 12/13 he noted right wrist numbness and tingling left, left shoulder surgery was recommended, however the surgery was denied. Current complaints are of head pain with associated headaches and neck pain. Left sided greater than right, associated with burning and stiffness, radiating into the right upper extremity including right upper trapezius and lateral posterior biceps. He also complained of bilateral shoulder pain with burning and stiffness, right wrist pain with burning stiffness and associated with tingling and low back pain associated burning stiffness and soreness. Physical examination of the cervical spine, thoracolumbar spine, bilateral shoulders, and right forearm and wrist and hand revealed spasm, limited in painful range of motion and positive orthopedic test. Test is positive for Finkelstein's, negative Phalen's and Tinel's. X-rays of bilateral shoulders and right wrist and hand were within normal limits. Diagnosis was cervical spine so musculoligamentous sprain/strain with attendant right upper extremity radiculitis. Status post right shoulder operative arthroscopy probable superior labrum anterior posterior (SLAP) lesion repair. With resultant adhesive capsulitis, left shoulder parascapular strain with impingement,

bursitis and tendinitis. Right wrist sprain with possible internal derangement. Thoracic spine musculoligamentous sprain/strain. Lumbar spine musculoligamentous sprain/strain. MR arthrogram on 03/26/14 revealed some irregularity at the superior labrum, high grade articular side partial thickness tear of the subscapularis and possible partial tear at the posterior portion of the supraspinatus. Impression right shoulder partial thickness rotator cuff tear, status post labral tear with possible long head of the biceps tenosynovitis and subacromial bursitis. The injured worker was taking Norco 2.5mg 2.5/25mg. Request was for magnetic resonance MR arthrogram of right shoulder, Diagnostic ultrasound study of right wrist, Norco 2.5/325mg #60.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Magnetic Resonance (MR) Arthrogram of right (R) shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): Table 9-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)The American College of Radiology ACR ( Appropriateness Criteria).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)Shoulder, MRI.

**Decision rationale:** The request for magnetic resonance MR arthrogram of right shoulder is not medically necessary. MR arthrogram on 03/26/14 revealed some irregularity at the superior labrum, high grade articular side partial thickness tear of the subscapularis and possible partial tear at the posterior portion of the supraspinatus. Recent MR arthrogram has already been completed there is no documentation of increase in injured workers shoulder symptoms, or recent injury. As such, medical necessity has not been established.

**Diagnostic Ultrasound Study of right (R) wrist:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) hand, ultrasound diagnostic.

**Decision rationale:** The request for diagnostic ultrasound study of right wrist is not medically necessary. Ultrasonography is a dynamic process and is accurate in detecting tendon injuries, the ulnar nerve is also easily visualized. The clinical documentation submitted for review does not support the request for diagnostic ultrasound of the right wrist. Therefore, medical necessity has not been established.

**Norco 2.5/325 mg. # 60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiate's Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioid's.

**Decision rationale:** The request for Norco 2.5/325mg #60 is not medically necessary. The clinical documentation submitted for review does not support the request for Norco 2.5/325. There is no documentation of functional improvement or decrease in pain. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.