

Case Number:	CM14-0033551		
Date Assigned:	06/20/2014	Date of Injury:	09/01/2012
Decision Date:	07/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/17/2014

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:

The patient is a 33 y/o female, with a date of injury of 9/1/12. She has been diagnosed with upper extremity problems due to cumulative trauma. She has been treated with physical therapy, medications and a trial of chiropractic. Electrodiagnostics reveal a mild to moderate right carpal tunnel syndrome. A recent shoulder MRI revealed a significant SLAP lesion in addition to impingement changes. A recent orthopedic surgery consult recommended shoulder arthroscopy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Solar-care FIR heating syytem pad, portable: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212.

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

Decision rationale: The Official Disability Guidelines (ODG) recommended cold treatment only for the shoulder. There is no recommendation for heat. In this case, the patient's shoulder condition is due to post injury inflammatory conditions and is not a simple strain or sprain. Application of heat is not recommended for non-infectious inflammatory condition and

application of heat could potentially worsen the condition of a SLAP lesion and impingement. The consulting orthopedist noted that this is a surgical condition. If there was an indication for heat, simple heat packs would suffice. Therefore, the request for Solar-care FIR heating system pad, portable is not medically necessary and appropriate.

Naproxen 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 TOPICAL ANALGESICS Page(s): 112.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines are specific regarding topical analgesics. If a compound is not FDA approved for use as a topical it is not recommended. Topical Naproxen is not FDA approved for this use. In addition, MTU Guidelines note that there is no evidence that FDA approved NSAID agents are useful for shoulder problems. In this case, there is no reasonable rationale for an exception to the guideline recommendations. Therefore, the request for Naproxen is not medically necessary and appropriate.

Chiropractic treatment for the right shoulder, 3 times a week for 2 weeks (6 visits): 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 Chronic Pain Medical Treatment Guidelines, Manual Therapy, page 58. Non-MTUS Citation: Official Disability Guidelines (ODG) Shoulder, Chiropractic.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines chiropractic care is not recommended for carpal tunnel syndrome or for the wrist or hand. The Official Disability Guidelines, (ODG) recommend limited chiropractic manipulation for the shoulder only for adhesive capsulitis or simple strains and sprains. In this case, the patient does not have these conditions. With the MRI findings of a severe SLAP lesion, chiropractic manipulation can potentially worsen the condition. Therefore, the request for chiropractic treatment for the right shoulder, three times a week for two weeks is not medically necessary and appropriate.