MAXIMUS Federal Services

Case Number:	CM14-0035697		
Date Assigned:	07/23/2014	Date of Injury:	04/14/2011
Decision Date:	08/27/2014	UR Denial Date:	03/18/2014
Priority:	Standard	Application Received:	03/24/2014

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 Texas and Georgia. 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 55-year-old female who reported an injury on 04/14/2011. The mechanism of injury was not specifically stated. Current diagnoses include status post left shoulder arthroscopy on 09/20/2013, status post right shoulder arthroscopy on 02/15/2013, status post right wrist arthroscopy on 06/08/2012, bilateral rotator cuff syndrome, left carpal tunnel syndrome, anxiety, and gastroesophageal reflux disease. The injured worker was evaluated on 03/03/2014 with complaints of left shoulder pain, left elbow pain, and left wrist pain. The injured worker also reported numbness in the left hand and wrist. It is noted that the injured worker has been previously treated with 6 cortisone injections into the right shoulder and is currently participating in a home exercise program. A physical examination revealed limited grip strength on the left, tenderness to palpation over the rotator cuff bilaterally, limited range of motion of bilateral shoulders, spasm upon flexion and extension, positive impingement testing on the left, positive empty can testing on the left, limited range of motion of the left elbow, limited range of motion of the left wrist and hand, spasm upon dorsiflexion of the left wrist, positive Tinel's testing, and positive Phalen's testing. Treatment recommendations included left shoulder manipulation under anesthesia and left carpal tunnel release. The injured worker was also provided with prescriptions for Flexeril 10 mg, Omeprazole 20 mg, Tramadol 50 mg, topical compounded creams, and durable medical equipment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg #80 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: The California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short-term treatment of acute exacerbations. Flexeril should not be used for longer than 2 to 3 weeks. The current request does not include a frequency. Therefore, the request is not medically appropriate. As such, the request is not medically necessary.

Left shoulder manipulation under anesthesia: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder Chapter, Manipulation under anesthesia.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: The California MTUS/ACOEM Practice Guidelines state a referral for surgical consultation may be indicated for patients who have red flag conditions, activity limitation for more than 4 months, failure to increase range of motion and strength after exercise programs, and clear clinical and imaging evidence of a lesion. The Official Disability Guidelines state manipulation under anesthesia is currently under study as an option in adhesive capsulitis in cases that are refractory to conservative therapy lasting at least 3 to 6 months where range of motion remains significantly restricted (abduction less than 90 degree). As per the documentation submitted, the injured worker demonstrated 90 degree abduction upon physical examination. The injured worker does not maintain a diagnosis of adhesive capsulitis. There is mention of previous conservative treatment including cortisone injections for the right shoulder. However, there was no mention of an attempt at conservative treatment for the left shoulder. Based on the clinical information received and the above mentioned guidelines, the request is not medically necessary.

TGHot (Tramadol 8%, Gabapentin 10%, Menthol 2%, Camphor 2%, Capsaicin 0.05%) 180 gms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. Gabapentin is not recommended as there is no peer reviewed literature to support its use as a topical product. There is also no frequency listed in the current request. As such, the request is not medically necessary.

FluriFlex (Flurbiprofen 10%, Cyclobenzaprine 10%) 180 gms.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. Any compounded product that contains at least 1 drug that is not recommended is not recommended as a whole. The only FDA approved topical NSAID is Diclofenac. Muscle relaxants are not recommended for topical use. There is also no frequency listed in the current request. As such, the request is not medically necessary.

Cold unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Carpal Tunnel Continuous cold therapy.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

CPM: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Shoulder Chapter Continuous passive motion.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: Since the primary procedure is not medically necessary, none of the associated services are medically necessary.