

Case Number:	CM14-0048052		
Date Assigned:	06/25/2014	Date of Injury:	02/23/2004
Decision Date:	07/23/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/27/2014

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 Geriatrics and is licensed to practice in New York. 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 49 year old woman with a date of injury of 2/23/04. She was seen by her primary treating physician on 2/23/14 with complaints of increased left shoulder weakness, stiffness and pain rated as 8/10. She has had physical therapy and chiropractic treatment with no major improvement. Medications help to control the pain temporarily. Her physical exam showed tenderness and spasm upon palpation of her left shoulder with limited range of motion. She was treated with naproxen, vicoprofen, flexeril and prilosec and referred for extracorporeal shockwave therapy x 3. The length of medication therapy is not documented in the note. The therapy and vicoprofen are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Three (3) extracorporeal shockwave therapy sessions.: 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 (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: Physical modalities for treatment of acute shoulder symptoms may be used. There is medium quality evidence to support extracorporeal shockwave therapy for calcifying tendonitis of the shoulder. This injured worker has chronic left shoulder pain but no radiographic or physical exam evidence of calcific tendonitis. The medical records do not substantiate medical necessity for 3 extracorporeal shockwave therapy treatments.

Vicoprofen 7.5/200mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-80 and 66-73.

Decision rationale: This 49 year old injured worker has left shoulder pain with an injury sustained in 2004. Her medical course has included numerous diagnostic and treatment modalities including physical therapy and chiropractic care and use of several medications including narcotics, NSAIDs and muscle relaxants. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 2/14 fails to document any improvement in pain, functional status or side effects to justify ongoing use. Additionally, she is taking twice daily naproxen and Vicoprofen also contains an NSAID which would be duplicate therapy. The medical records do not substantiate the medical necessity of Vicoprofen.