

Case Number:	CM14-0054804		
Date Assigned:	07/07/2014	Date of Injury:	05/30/2008
Decision Date:	08/07/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/24/2014

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 Physical Medicine and Rehabilitation, Pain Management 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:

The patient is a 46 year-old female with a 5/30/08 date of injury. According to the 4/3/14 orthopedic report from [REDACTED], the patient has C5/6 HNP, C6/7 radiculopathy in the right upper extremity; chronic right medial epicondylitis; and right shoulder impingement syndrome. She presents with a flare up of right shoulder pain over the past month, and the physician prescribed PT 12 sessions, Norco, and provided a kenalog injection under US guidance. On 4/14/14 UR recommended non-certification for the PT x12, unknown prescription of Norco and the right shoulder injection with kenalog with US guidance.

IMR ISSUES, DECISIONS AND RATIONALES

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

(12) sessions of physical therapy to right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy (PT). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines . Page(s): 98-99 of 127.

Decision rationale: According to the 4/3/14 orthopedic report from [REDACTED], the patient has C5/6 HNP, C6/7 radiculopathy in the right upper extremity; chronic right medial epicondylitis; and right shoulder impingement syndrome. She presents with a flare up of right shoulder pain over the past month. This IMR request pertains to 12 sessions of PT for the right shoulder. The patient has not had recent surgery to the shoulder, so the MTUS Chronic pain guidelines apply. MTUS states 8-10 sessions of PT are indicated for various myalgias and neuralgias. The request for PTx12 will exceed the MTUS recommendations, therefore is not medically necessary.

Unknown prescription of Norco: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines on Long-term Opioid use Opioids, long-term assessment Page(s): 88-89, 8-9 of 127.

Decision rationale: According to the 4/3/14 orthopedic report from [REDACTED], the patient has C5/6 HNP, C6/7 radiculopathy in the right upper extremity; chronic right medial epicondylitis; and right shoulder impingement syndrome. She presents with a flare up of right shoulder pain over the past month. This IMR request pertains to an unknown prescription for Norco. The available records show the patient has been on Norco since 10/23/13. The reports do not discuss efficacy of Norco. MTUS on page 9 states All therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement MTUS page 8 states: When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There is no reporting on efficacy of the medications, the documentation does not support a satisfactory response. There is no mention of improved pain, or improved function or improved quality of life with the use of Norco. MTUS does not recommend continuing treatment if there is not a satisfactory response. Given the above the request is not medically necessary.

(1) right shoulder injection of Kenalog, Marcaine and Lidocaine under ultrasonic guidance for needle placement: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on the MTUS: ACOEM Practice Guidelines, Chapter 9 Shoulder Complaints, page 204 and on the Non-MTUS Official Disability Guidelines ODG guidelines, Shoulder chapter online for Steroid Injections.

Decision rationale: According to the 4/3/14 orthopedic report from [REDACTED], the patient has C5/6 HNP, C6/7 radiculopathy in the right upper extremity; chronic right medial epicondylitis; and right shoulder impingement syndrome. She presents with a flare up of right shoulder pain over the past month. This IMR request pertains to a right shoulder injection with kenalog, marcaine and lidocaine under ultrasound guidance. MTUS/ACOEM and ODG support cortisone injections to the shoulder. ODG guidelines states these are generally performed without ultrasound guidance. The request for the shoulder cortisone injection with ultrasound guidance is not in accordance with ODG guidelines. Given the above the request is not medically necessary.