

Case Number:	CM14-0067026		
Date Assigned:	07/14/2014	Date of Injury:	11/29/2012
Decision Date:	10/15/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/12/2014

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 Spinal Cord Medicine, and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on November 29, 2012 when, while lifting a heavy sheet of drywall, he felt a sudden sharp pain in the left shoulder and upper arm as he lifted it to shoulder level. He had immediate swelling in the arm. He was seen in an Emergency Room and was considered a candidate for surgery of the left shoulder and biceps. Treatments included medications, physical therapy, and acupuncture. Testing has included EMG (electromyogram)/NCS (nerve conduction study) on January 14, 2013 showing findings of a left ulnar neuropathy. An MRI of the left shoulder on January 15, 2013 showed findings infraspinatus tendinitis and acromioclavicular joint osteoarthritis. An MRI of the left elbow showed findings of edema. He was seen on March 7, 2014 with left shoulder and elbow symptoms. He was having intermittent left shoulder pain, swelling, weakness, stiffness, and clicking and popping. He was having intermittent left elbow pain with stiffness, weakness, numbness and tingling, and clicking and popping sensation. Physical examination findings included generalized shoulder tenderness with equivocal impingement testing. There was pain with range of motion. He had generalized left elbow tenderness with equivocal Tinel's at the cubital tunnel producing pain over the medial forearm extending to the fifth finger. He had pain with elbow range of motion. There was decreased left upper extremity strength and sensation. He was seen by the requesting provider on April 7, 2014. He had ongoing left shoulder and elbow pain which was decreased with medications. Elbow pain was rated at 0/10 and shoulder pain at 1/10. Physical examination findings included full shoulder range of motion with slight pain against resistance. Recommendations included physical therapy two times per week for eight weeks and an orthopedic referral. He was to continue acupuncture treatments. He was maintained out of work. Authorization for a Functional Capacity Evaluation was requested.

Cyclobenzaprine 7.5 mg #90, omeprazole 60 mg, tramadol ER 30 mg, and Naprosyn 550 mg #60 were prescribed. There are seven urine drug test results from November 25, 2013 with all tests showing expected results. On May 6, 2014 left elbow pain was rated at 3/10 and left shoulder pain at 2/10. Physical examination findings included left upper extremity numbness and tingling and increased pain with lifting and activities of daily living. The claimant was concerned about the left biceps tear. Physical examination findings included posterior left shoulder tenderness and retraction of the biceps. Authorization for physical therapy two times per week for four weeks, an orthopedic evaluation, acupuncture, and an interferential unit was requested. He was continued out of work. On June 26, 2014 he was now having pain throughout the spine, both hips, both knees, wrists, and hands. Physical examination findings included limited spinal range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Inferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 114, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guideline

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: The claimant is nearly two years past a work-related injury and continues to be treated for left shoulder and elbow pain. He has been referred for additional physical therapy treatments. Criteria for a one month trial of an interferential stimulation unit include ineffective pain control despite conservative measures. Continued use should be based on evidence of increased functional improvement, less reported pain and evidence of medication reduction. In this case, the claimant has not had a trial of interferential stimulation. Therefore, the request for an Interferential unit is not medically necessary or appropriate.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 48. 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 American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, p63-64

Decision rationale: A functional capacity evaluation is an option for select patients with chronic pain. However, in this case, the claimant is being evaluated for surgical management and has been referred for additional physical therapy treatments. He is therefore not considered at maximum medical improvement. Therefore, the request for a functional capacity evaluation is not medically necessary or appropriate.

One urine analysis: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 77-78.

Decision rationale: The patient is being evaluated for surgical management and has been referred for additional physical therapy treatments. Tramadol ER is being prescribed. Criteria for the frequency of urine drug testing include documented evidence of risk stratification including use of a testing instrument. Patients at 'low risk' of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. In this case, there are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, by physical examination, or on the previous seven urine drug tests results that would be inconsistent with the claimant's prescribed medications. Therefore this request for urine drug screening is not medically necessary or appropriate.