

Case Number:	CM14-0069222		
Date Assigned:	07/25/2014	Date of Injury:	02/05/2012
Decision Date:	09/11/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/14/2014

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 Pennsylvania. 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 is a 52-year-old female who was injured in work related accident on 08/06/03. The clinical records provided for review include the report of a right shoulder MRI dated 08/28/13 that shows degenerative changes of the acromioclavicular joint, subacromial bursitis, and no indication of tearing. The report of an MRI of the cervical spine dated 07/12/12 identified disc degeneration and disc bulging from C4-5 through C6-7 with no indication of acute compressive pathology. The report of a second MRI of the cervical spine dated 08/28/13 showed central disc protrusion C3-4 through C6-7, bilateral foraminal narrowing causing a left greater than right effacement of the exiting C7 nerve root. The follow up report of 02/04/14 described continued complaints of pain in the shoulders, neck, upper extremities, hand, and wrist. Physical examination showed restricted cervical range of motion, negative Spurling's testing, and a shoulder exam of 160 degrees of forward flexion and abduction and a positive Hawkins and Neer testing. The wrist examination showed tenderness over the scaphoid bilaterally with normal range of motion and a positive right sided wrist Phalen's testing. The lumbar spine examination revealed restricted range of motion but no documented neurologic findings. The physician documented that the claimant had failed conservative care and recommended a repeat cervical MRI, a right shoulder arthroscopy and subacromial decompression, a lumbar MRI, a right hip and right wrist MRI, continued prescriptions for Ultram, Norco, Medrox cream, as well as electrodiagnostic testing to the upper extremities for further assessment. Previous conservative care was documented to include physical therapy, acupuncture, and epidural steroid injections to both the cervical and lumbar spine with no documentation of significant benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right shoulder Arthroscopic surgery with subacromial decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: Based on California ACOEM Guidelines, the request for right shoulder arthroscopic surgery with subacromial decompression: cannot be supported as medically necessary. ACOEM Guidelines recommend that conservative care, including cortisone injections, be carried out for at least three to six months before considering surgery. The medical records do not identify recent conservative care for the shoulder including injection therapy that would support the acute need of an operative process. While there is indication of chronic complaints to the neck and upper extremities, specific medical documentation regarding conservative treatment aimed at shoulder symptoms would be necessary prior to recommending surgical intervention.

MRI of the Cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 177-178.

Decision rationale: California ACOEM Guidelines do not support the request for a repeat cervical MRI. The medical records document that the claimant has had two MRI scans since 2012; the most recent being September 2013. The most recent physical examination does not demonstrate any acute clinical findings. The claimant's diagnosis for the cervical spine appears to be well established from previous imaging testing. There does not appear to be a change in the claimant's objective findings on examination, subjective complaints or clinical condition to warrant a repeat cervical MRI.

MRI of the Lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 287, 303.

Decision rationale: California ACOEM Guidelines would not support an MRI of the lumbar spine. The medical records document that the claimant has tenderness on palpation of the lumbar

spine on examination, there is documentation of a recent lumbar MRI from August 2013. There is currently no indication of acute clinical findings on examination or change in the claimant's condition that would warrant repeat testing. Request in this case would not be necessary. Therefore, this request is not medically necessary.

MRI of the right hip: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Hip & Pelvis - MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Hip procedure - MRI (magnetic resonance imaging).

Decision rationale: California MTUS and ACOEM Guidelines do not address this request. Based on the Official Disability Guidelines, an MRI of the hip would not be indicated. The documentation does not include any physical examination findings indicating internal pathology of the right hip that would support further testing. Without documentation of subjective or objective complaints of the right hip, the request in this case would not be indicated.

MRI of the right wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, forearm, wrist and hand chapter - MRI.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp, 18th Edition, 2013 Updates: Forearm/wrist/hand procedure - MRI's (magnetic resonance imaging).

Decision rationale: Based on the ACOEM Guidelines and supported by the Official Disability Guidelines, an MRI scan of the right wrist would not be indicated. The documentation of the claimant's physical examination and clinical picture fails to demonstrate acute clinical finding to the right wrist that would warrant or support need for further imaging. While the claimant has cervical complaints and radicular complaints, the acute need of a right wrist MRI scan has not been supported by current physical examination findings.

Ultram 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultram (Tramadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Tramadol (Ultram) Page(s): 91-94; 80-84; 75.

Decision rationale: The MTUS Chronic Pain Guidelines do not support continued use of Ultram. The Chronic Pain Guidelines do not recommend Ultram or Tramadol for chronic use beyond 16 weeks. This individual has been utilizing this agent for over a year. Without documentation of long term benefit or support by guideline criteria, the continued use of this agent would not be indicated.

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria for Use Page(s): 76-80.

Decision rationale: The MTUS Chronic Pain Guidelines would not support continued use of Norco. While this individual has continued complaints of pain, there has been no documentation of functional benefit with use of this short-acting narcotic analgesic Norco. Without documentation of significant benefit or sustained advancement of activities, the continued use of this medication in the chronic setting would not be supported.

Medrox cream: Upheld

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

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

Decision rationale: The MTUS Chronic Pain Guidelines would not support continued use of Medrox cream. This topical compound contains amongst other agents Capsaicin which would not be supported for chronic neck or low back complaints. The Chronic Pain Guidelines recommend that topical compounding agents are largely experimental with few randomized clinical trials demonstrating their efficacy over the long term. The continued use of this topical compounding would not be supported.

Unspecific electrodiagnostic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: California ACOEM Guidelines would not support the request for electrodiagnostic testing. This claimant's current diagnosis of the upper extremities is already well established by previous MRI scans of the cervical spine and shoulder available for review. There is no indication of acute clinical findings on examination that would support the need for electrodiagnostic testing at this subacute stage in course of care. Lastly, the request for electrodiagnostic testing does not identify whether it is for the upper or lower extremities.