

<b>Case Number:</b>	CM14-0082781		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	10/01/2009
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	05/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/04/2014

### 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 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:

This is a 52-year-old female housekeeper who sustained a vocational injury on 08/11/10 when she slipped and fell. The medical records provided for review document diagnoses of recurrent dislocation of the right shoulder, and status post right shoulder repair times two. The first right shoulder arthroscopy for rotator cuff repair was in October, 2010; the second right shoulder arthroscopy with rotator cuff repair in November, 2011. The office note dated 06/10/14 noted continued right shoulder pain and difficulty sleeping. Examination revealed range of motion within normal limits, and a positive impingement sign on the right. The report of a right shoulder MRI dated 02/20/14 identified a Type II acromion, mild degenerative changes of the acromioclavicular joint, mild capsular hypertrophy with irregularity at the joint margins, tiny inferior osteophytes abutting the mild tendinous junction of the supraspinatus muscle and fluid in the acromioclavicular joint and subacromial bursa with no evidence of partial full thickness tear of the supraspinatus tendon. Conservative treatment was documented to include Tramadol and Flexeril. This review is for right shoulder arthroscopy with lysis of adhesion and manipulation under anesthesia.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Right shoulder arthroscopy with lysis of adhesion and manipulation under anesthesia.:**  
Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder (Acute and Chronic) Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Shoulder chapter: Manipulation under anesthesia (MUA).

**Decision rationale:** California MTUS ACOEM Guidelines and supported by the Official Disability Guidelines do not recommend right shoulder arthroscopy with lysis of adhesions and manipulation under anesthesia. The ACOEM Guidelines note that prior to considering surgical intervention, there should be documented activity limitation for more than four months plus the existence of a surgical lesion along with failure of formal physical therapy to increase range of motion and strengthening of the musculature of the shoulder even after exercise programs. The most recent documentation presented for review fails to suggest that the claimant has significant or impaired range of motion which would be the underlying reason to proceed with the requested surgical intervention. Official Disability Guidelines state that manipulation under anesthesia should be used in cases that are refractory to at least three to six months of continuous conservative treatment in the setting of restricted range of motion. Documentation presented for review does not identify the conservative treatment provided to the claimant for three to six months. Subsequently, the request for a right shoulder arthroscopy with lysis of adhesion and manipulation under anesthesia cannot be considered medically necessary.

**Cyclobenzaprine 7.5mg twice daily, count 90.:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-Shoulder (Acute & Chronic) Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril), Medications for chronic pain Page(s): 41-42, 61-62, 63-64, 124.

**Decision rationale:** The California MTUS Chronic Pain Guidelines do not recommend the use of Cyclobenzaprine 7.5 mg twice daily dispensed #90. According to the Chronic Pain Guidelines, Cyclobenzaprine should be used for a short course of therapy. Chronic Pain Guidelines suggest prior to considering the regular use of the medication there should be a goal for the use of the medication, determining the potential benefits and adverse effects as well as the patient's preference. Documentation fails to establish that the claimant has attempted and failed a formal course of anti-inflammatories and/or Tylenol along with injection therapy in the form of steroid or recent formal physical therapy or home exercise program which would be considered traditional first-line conservative treatment options over muscle relaxants for the current working diagnosis. Documentation suggests that the claimant has been on this medication for some time without a measurable decrease in the claimant's pain or increase in the ability of general function or vocational activities. Subsequently, based on California MTUS Chronic Pain Guidelines, the ongoing use of Cyclobenzaprine is not recommended as medically necessary.

