

Case Number:	CM14-0083218		
Date Assigned:	07/21/2014	Date of Injury:	02/03/2012
Decision Date:	09/19/2014	UR Denial Date:	05/05/2014
Priority:	Standard	Application Received:	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 Physical Medicine and Rehabilitation, 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 injured worker is a 39-year-old male who reported an injury on 02/03/2012. The mechanism of injury was not provided within the medical records. The clinical note dated 04/14/2014 indicated the injured worker had developed gastritis from naproxen, which was discontinued. The injured worker continued the famotidine that was given to him, as well as added Norco for pain. In the clinical note dated 11/01/2013 the injured worker reported he had 12 sessions of physical therapy for the left shoulder. He reported immediately after his therapy sessions, he would experience increased pain. The injured worker reported his left upper extremity would become swollen as a result of therapy sessions, which would affect his left arm, upper back and the shoulder. The injured worker reported his left shoulder pain increased with forward flexion approximately to the level of his shoulder and above. The injured worker reported a popping of his shoulder when he moved it in any direction that approximates his shoulder level and above. The injured worker reported left upper extremity pain that extended down to his fingers. The injured worker reported those areas became more symptomatic upon flair up of his shoulder. The injured worker reported his left arm had a tremor at times whereupon it shook on its own. The injured worker reported neck pain with shoulder flair ups that extended from his shoulder up along the superior trapezial border into the left cervical area. He reported midback pain upon the left shoulder flair up. The injured worker reported his arm, neck, and midback were all sensitive to flair ups with cold weather changes. On physical examination of the left shoulder there were no discolorations, gross instability or signs or symptoms of an infection observed. However, the left shoulder revealed a more prominent appearance of the acromioclavicular articulation as compared to the right. There was tenderness to digital pressure of the supraspinatus muscle, the trapezius muscle, the insertion of the rotator cuff tendons, and the subacromial bursa. The injured worker's Hawkin's test, Neer's test, and apprehension and impingement sign were all

positive. the injured worker's range of motion for the left shoulder revealed 54 degrees of flexion, 7 degrees of extension, 61 degrees of abduction, 8 degrees of adduction, 26 degrees of internal rotation, and 27 degrees of external rotation. The examination of the left elbow revealed tenderness to digital pressure of the extensor muscle of the forearm over the extensor digiti ulnaris muscle, and tenderness at the ulnar groove at the dorsum of the elbow, as well as the lateral dorsum of the left wrist. The injured worker had a positive Tinel's of the left ulnar groove with tenderness and paresthesia/tingling in the little and ring fingers of the left hand. The left elbow range of motion revealed -2 degrees extension and flexion of 114 degrees on the left and 144 degrees on the right. The examination of the left wrist revealed a positive Tinel's of the left dorsum of the wrist, producing tingling and numbness in the little and ring fingers on the left hand. The left wrist range of motion revealed 40 degrees of flexion and 37 degrees of extension. The examination of the cervical spine revealed tenderness on the left paraspinal muscles of the C7 to T1 vertebral levels and tenderness at the trapezius on the left. The C7-T1 spinous and facet structures were tender to digital pressure. The injured worker had a Soto Hall test that was positive at the C7-T1 level and a shoulder depressor test that was positive at the left C7-T1. The injured worker had decreased cervical range of motion. The injured worker's right grip strength revealed 105 pounds and left grip strength revealed 44 pounds. The injured worker's prior treatments included an MRI of his left shoulder, physical therapy and medication management. The injured worker's medication regimen was not provided for review. The provider submitted a request for an MRI of the left shoulder, MRI of the left arm, hydrocodone/acetaminophen and famotidine. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) Shoulder Procedure Summary (03/31/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Magnetic resonance imaging (MRI).

Decision rationale: The request for MRI of the left shoulder is not medically necessary. The CA MTUS/ACOEM guidelines recommend a MRI if the injured worker's shoulders if there is a physical examination demonstrating rotator cuff tear, labral tears and adhesive capsulitis. The Official Disability Guidelines recommend magnetic resonance imaging (MRI) for an acute shoulder trauma, or a suspect rotator cuff tear/impingement. If the injured worker is over the age of 40; and/or normal plain radiographs. Indication for a MRI is if the injured worker has sub-acute shoulder pain, and/or suspect instability/labral tear. A repeat MRI is not routinely recommended, and should be reserved for a significant change. The documentation submitted did not indicate the injured worker had findings that would support he was at risk for rotator cuff

tear, labral tear or adhesive capsulitis. In addition, it was indicated the injured worker had a previous MRI of the left shoulder. A repeat MRI is not routinely recommended, and should be reserved for significant changes in symptoms, and/or findings suggestive of significant pathology. The documentation submitted did not indicate the injured worker had findings that would support a significant change in symptoms, such as a tumor or infection. Therefore, the request for an MRI of the left shoulder is not medical necessary.

MRI of the left arm: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 202. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation (TWC) Shoulder Procedure Summary (03/31/2014).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 271-273. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, & Hand, MRI's (magnetic resonance imaging).

Decision rationale: The request for MRI of the left arm is not medically necessary. The Official Disability Guidelines indications for imaging include acute hand or wrist trauma, suspect acute distal radius fracture; suspect acute scaphoid fracture; radiographs normal, next procedure if immediate confirmation or exclusion of fracture is required. Or suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury). Chronic wrist pain, plain films normal, suspect soft tissue tumor; or equivocal, suspect Kienbock's disease. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. Documentation submitted did not indicate the injured worker had findings that would support he was at risk for distal radius fracture or scaphoid fracture. Additionally, it was not indicated if the injured worker had a prior MRI of the forearm. Moreover, the documentation provided did not indicate the injured worker had an acute hand or wrist trauma. Therefore, the request for an MRI of the left arm is not medically necessary.

Hydrocodone/Acetaminophen 5/300mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list; Opioids, criteria for use Page(s): 91; 78.

Decision rationale: The request for Hydrocodone/Acetaminophen 5/300mg #90 is not medically necessary. The California MTUS Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of significant evidence of an objective assessment of the injured worker's pain level, functional status and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated how long the injured worker had been utilizing this medication, or if this was a trial

period. Moreover, the request does not indicate a frequency. Therefore, the request is not medical necessary.

Famotidine 20mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Mosby's Drug Consult, Mosby, Inc.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68.

Decision rationale: The request for Famotidine 20mg #60 is not medically necessary. The CA MTUS guidelines recommend the use of proton pump inhibitors if there is a history of gastrointestinal bleeding or perforations, a prescribed high dose of NSAIDs and a history of peptic ulcers. There is also a risk with long-term utilization of PPI (> 1 year) which has been shown to increase the risk of hip fracture. Within the clinical notes reviewed, there was lack of documentation of any medication the injured worker was taking. Therefore, it cannot be determined if any medication would warrant the use of a proton pump inhibitor. In addition, the documentation submitted did not indicate the injured worker had findings that would support he was at risk for gastrointestinal bleeding, perforations or ulcers. Moreover, the request did not indicate a frequency for the medication. Therefore, the request is not medically necessary.