

Case Number:	CM14-0108581		
Date Assigned:	08/25/2014	Date of Injury:	11/07/2012
Decision Date:	01/27/2015	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/11/2014

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 Rehab, 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 42 year old female with an injury date of 11/07/12. Based on the 05/27/14 progress report provided by treating physician, the patient complains of left knee and leg, upper and lower back, left shoulder, and neck pain. Patient ambulates with a limp and has positive orthopedic findings. Physical examination on 05/27/14 revealed restricted motion in the lumbar spine 15-20% with less pain, increased on the left, with tenderness, muscle spasm with myofascial pain and trigger points. Lasegue's test created lower back pain at 70 degrees on the left and 75 degrees on the right. Positive straight leg raise test on the left. Patrick FABER created less low back pain and left knee pain. Cervical compression, Soto-Hall and Shoulder depression tests created less neck and upper back pain, more on the left. Patient has had 14 chiropractic visits from 08/27/13 - 05/27/14. She is doing better with conservative care and is back to work with restrictions as of 05/01/14. Patient is able to do more ADL's and function better. Patient had physical therapy, left shoulder, and left knee injections, and continues with pain. MRI of the Left Shoulder, date unspecified - revealed supraspinatus tendinopathy - no rotator cuff tear indentified MRI of the Left Knee 11/12/13, per treater report dated 05/27/14- irregular appearance to the posterior horn of the medial meniscus consistent with a tear- intact ligaments- chondromalacia patella Diagnosis 05/27/14, 06/07/14- knee sprain/strain- lumbar disc syndrome- cervical disk syndrome- radicular neuralgia- headaches- shoulder sprain/strain- cervical sprain/strain- thoracic sprain/strain- lumbar sprain/strain- segmental dysfunction, cervical spine- segmental dysfunction, thoracic spine- segmental dysfunction, lumbar spine The utilization review determination being challenged is dated 06/24/14. The rationale follows:- Injection to the left shoulder: "patient was approved for left suprascapular nerve block on 04/22/14 and the claimant's response to the approved invasive procedure is necessary to determine the need for additional procedure."- Orthopedic consultation for the left knee: "the

claimant was approved for orthopedic consultation for the left knee on 04/22/14. The consultation report from approved orthopedic consultation is not submitted for review."- Exercise program for the left knee, 2x4: "In this case, there is limited evidence of significant deficits on exam which preclude the claimant from performing activities of daily living and home exercise program..."Treatment reports were provided from 05/27/14 - 06/07/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 10mg, #30.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines, Muscle relaxants

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63, 64.

Decision rationale: The patient presents with left knee and leg, upper and lower back, left shoulder, and neck pain. The request is for Flexeril 10mg, #30. Patient's diagnosis on 06/07/14 included knee sprain/strain, shoulder sprain/strain, lumbar disc syndrome, cervical disc syndrome, and radicular neuralgia. Patient ambulates with a limp and has positive orthopedic findings. Physical examination on 05/27/14 revealed restricted motion in the lumbar spine 15-20% with less pain, increased on the left, with tenderness, muscle spasm with myofascial pain and trigger points. Lasegue's test created lower back pain at 70 degrees on the left and 75 degrees on the right. Positive straight leg raise test on the left. Patrick FABER created less low back pain and left knee pain. Cervical compression, Soto-Hall and Shoulder depression tests created less neck and upper back pain, more on the left. Patient has had 14 chiropractic visits from 08/27/13 - 05/27/14. She is doing better with conservative care and is back to work with restrictions as of 05/01/14. Patient is able to do more activities of daily livings (ADL's) and function better. Patient had physical therapy, left shoulder, and left knee injections, and continues with pain. California MTUS pg 63-66 states: "Muscle relaxants (for pain): Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine (Flexeril, Amrix, Fexmid, generic available): Recommended for a short course of therapy." Treater has not provided reason for the request, though patient presents with spasms, per physical exam finding on 05/27/14. There is no medication history provided in review of medical records, either. California MTUS only recommends short-term use (no more than 2-3 weeks) for sedating muscle relaxants. The request for quantity 30 does not indicate intended short-term use. Therefore the request is not medically necessary.

Flur-lido cream 60gram with one refill.: Upheld

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

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

Decision rationale: The patient presents with left knee and leg, upper and lower back, left shoulder, and neck pain. The request is for Flur-Lido Cream 60 gram with one refill. Patient ambulates with a limp and has positive orthopedic findings. Patient has had 14 chiropractic visits from 08/27/13 - 05/27/14. She is doing better with conservative care and is back to work with restrictions as of 05/01/14. Patient is able to do more activities of daily livings (ADL's) and function better. Patient had physical therapy, left shoulder, and left knee injections, and continues with pain. Magnetic resonance imaging (MRI) of the left knee on 11/12/13, per treater report dated 05/27/14 revealed irregular appearance to the posterior horn of the medial meniscus consistent with a tear, intact ligaments and chondromalacia patella. The California MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Recommended as an option as indicated below. Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain." Treater has not provided reason for the request, nor indicated body part that would be addressed. Regarding the NSAID portion of the lotion, patient does present with medial meniscus tear and chondromalacia based on MRI of the left knee on 11/12/13, which would be indicated. However, MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, which is not supported for topical use in lotion form per MTUS. Therefore, the request is not medically necessary.

Chiropractic and myofascial work evaluation and treatment for the lumbar spine and left knee.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: The patient presents with left knee and leg, upper and lower back, left shoulder, and neck pain. The request is for chiropractic and myofascial work evaluation and treatment for the lumbar spine and left knee. Patient ambulates with a limp and has positive orthopedic findings. Physical examination on 05/27/14 revealed restricted motion in the lumbar

spine 15-20% with less pain, increased on the left, with tenderness, muscle spasm with myofascial pain and trigger points. Lasegue's test created lower back pain at 70 degrees on the left and 75 degrees on the right. Positive straight leg raise test on the left. Patrick FABER created less low back pain and left knee pain. Cervical compression, Soto-Hall and Shoulder depression tests created less neck and upper back pain, more on the left. Patient had physical therapy, left shoulder, and left knee injections, and continues with pain. California MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. California MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. Treater has not provided reason for the request. Per progress report dated 05/27/14, patient has had 14 chiropractic visits from 08/27/13 - 05/27/14. She is doing better with conservative care and is back to work with restrictions as of 05/01/14. Patient is able to do more ADL's and function better. Given documentation of functional improvement and work status, the request for additional chiropractic treatment would be reasonable. However, there is no mention of recurrences/flare-ups and treater has not specified number of visits in the request, as indicated by California MTUS. Therefore the request is not medically appropriate.

Injection to the left suprascapular nerve block.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Nerve Blocks

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, Nerve blocks.

Decision rationale: The patient presents with left knee and leg, upper and lower back, left shoulder, and neck pain. The request is for injection to the left suprascapular nerve block. Patient ambulates with a limp and has positive orthopedic findings. Physical examination on 05/27/14 revealed that Cervical compression, Soto-Hall and Shoulder depression tests created less neck and upper back pain, more on the left. Patient has had 14 chiropractic visits from 08/27/13 - 05/27/14. She is doing better with conservative care and is back to work with restrictions as of 05/01/14. Patient is able to do more activities of daily livings (ADL's) and function better. Patient had physical therapy, left shoulder, and left knee injections, and continues with pain. Per treater report dated 05/27/14, MRI of the left shoulder, date unspecified, revealed supraspinatus tendinopathy and no rotator cuff tear identified. Official Disability Guidelines (ODG)-TWC, Shoulder (Acute & Chronic) Chapter, under Nerve blocks states: "Recommended as indicated below. Suprascapular nerve block is a safe and efficacious treatment for shoulder pain in degenerative disease and/or arthritis. It improves pain, disability, and range of movement at the shoulder compared with placebo. The use of bupivacaine suprascapular nerve blocks was effective in reducing the pain of frozen shoulder at one month, but not range of motion. Suprascapular nerve blocks have produced faster and more complete resolution of pain and restoration of range of movement than a series of intra-articular injections.

(Dahan, 2000)" Treater has not provided reason for the request. Patient has had left shoulder injection in the past, however treater has not documented when, nor the results in medical records provided. There is no mention of degenerative disease and/or arthritis, or frozen shoulder, for which requested procedure would be indicated per ODG. Furthermore, based on UR letter dated 06/24/14, "patient was approved for left suprascapular nerve block on 04/22/14 and the claimant's response to the approved invasive procedure is necessary to determine the need for additional procedure." Therefore the request is not medically necessary.

Orthopedic consultation for the left knee.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation, Evaluation & Management (E&M)

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) ACOEM Practice Guidelines, 2nd Edition (2004), Independent medical examination and consultations. Ch:7 page 127.

Decision rationale: The patient presents with left knee and leg, upper and lower back, left shoulder, and neck pain. The request is for Orthopedic Consultation for the left knee. Patient ambulates with a limp and has positive orthopedic findings. Physical examination on 05/27/14 revealed restricted motion in the lumbar spine 15-20% with less pain, increased on the left, with tenderness, muscle spasm with myofascial pain and trigger points. Lasegue's test created lower back pain at 70 degrees on the left and 75 degrees on the right. Positive straight leg raise test on the left. Patrick FABER created less low back pain and left knee pain. Cervical compression, Soto-Hall and Shoulder depression tests created less neck and upper back pain, more on the left. Patient has had 14 chiropractic visits from 08/27/13 - 05/27/14. She is doing better with conservative care and is back to work with restrictions as of 05/01/14. Patient is able to do more activities of daily living (ADL's) and function better. Patient had physical therapy, left shoulder, and left knee injections, and continues with pain. Magnetic resonance imaging (MRI) of the left knee on 11/12/13, per treater report dated 05/27/14 revealed irregular appearance to the posterior horn of the medial meniscus consistent with a tear, intact ligaments, and chondromalacia patella. American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, 2nd Edition (2004), page 127 has the following: "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. The treating provider who is a chiropractor has not provided reason for the request. It would appear that the current treater feels uncomfortable with the patient's medical issues and has requested orthopedic consult. Given the patient's condition, the request for consult would appear reasonable. However, UR letter dated 06/24/14 states "the claimant was approved for orthopedic consultation for the left knee on 04/22/14. The consultation report from approved orthopedic consultation is not submitted for review." Therefore the request is not medically appropriate.

Strength and exercise program for the left knee.: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter, under Strengthening exercises.

Decision rationale: The patient presents with left knee and leg, upper and lower back, left shoulder, and neck pain. The request is for strength and exercise program for the left knee. Patient ambulates with a limp and has positive orthopedic findings. Physical examination on 05/27/14 revealed that Patrick FABER created less low back pain and left knee pain. Patient has had 14 chiropractic visits from 08/27/13 - 05/27/14. She is doing better with conservative care and is back to work with restrictions as of 05/01/14. Patient is able to do more ADL's and function better. Patient had physical therapy, left shoulder, and left knee injections, and continues with pain. MRI of the left knee on 11/12/13, per treater report dated 05/27/14 revealed irregular appearance to the posterior horn of the medial meniscus consistent with a tear, intact ligaments, and chondromalacia patella. Official Disability Guidelines (ODG)-TWC, Knee & Leg (Acute & Chronic) Chapter, under Strengthening exercises states: "Recommended. The AHRQ Comparative Effectiveness Review of PT for knee arthritis concluded that strengthening exercises improved pain, global assessment, gait, transfer, and composite function measures but did not improve disability, health perception, quality of life and joint function measures. (Shamliyan, 2012) See Exercise: Recommend strengthening the lateral hamstring muscles and hip abductor muscles for OA. Therapeutic exercises are beneficial for knee osteoarthritis. (Philadelphia, 2001) "Treater has not provided reason for the request. Per progress report dated 05/27/14, patient ambulates with a limp and has positive orthopedic findings, but the only documented physical exam finding pertained to FABER test eliciting pain to the left knee. ODG does support strength and exercise for the knee, however the treater does not explain how this is to be done. There is no explanation as to why the exercises cannot be performed at home and why a therapist or professional intervention is needed. The patient has had adequate therapy in the past. The request is not medically necessary.