

Case Number:	CM14-0187568		
Date Assigned:	11/17/2014	Date of Injury:	08/18/2010
Decision Date:	01/06/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/10/2014

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 Family Medicine and is licensed to practice in Ohio. 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 60 year-old female with a date of injury of August 18, 2010. She was struck by a vehicle and then dragged. This resulted in a left shoulder injury, a left leg injury and an ankle fracture on the right. She had an open surgery for her bimalleolar fracture August 20, 2010, right ankle surgery April 2011, and left shoulder surgery, and a Mumford procedure in April 2012. She complains of persistent left shoulder pain 8/10, right ankle pain 6/10, and left leg pain 7/10. The physical exam revealed spasm of the left shoulder musculature, a positive Hawkins sign, tenderness to palpation of the acromioclavicular and glenohumeral joints, with the ability to abduct to 90 and forward flex to 110. She has been taking Relafen 750 mg twice daily for pain. Her diagnoses include bilateral leg pain, left shoulder pain, right ankle pain, adhesive capsulitis, left fibular fracture, right-sided ankle fracture, posttraumatic stress disorder, and major depression. On July 16, 2014 the agreed medical examiner thought that the left shoulder should be evaluated under arthroscopy with manipulation and that the injured worker should have an updated MRI scan of the left shoulder. On October 2, 2014, the treating physician requested an MRI arthrogram of the left shoulder and Capflex MC-Tram cream for application to the ankles in the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Capflex MC-Tram apply 1-2 gram QID for pain to the left shoulder and bilateral ankle:
Upheld

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

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

Decision rationale: Capflex MC-Tram is a compounded cream which contains Gabapentin. The referenced guidelines do not recommend Gabapentin in topical form. The guidelines also state that any compound containing one non-recommended ingredient is not recommended in its entirety. Consequently, for Capflex MC-Tram is not medically necessary.

MRI arthrogram of the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder; MR Arthrogram

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, MRI, and de Jesus JO, Parker L, Frangos AJ, Nazarian LN. Accuracy of MRI, MR arthrography, and ultrasound in the diagnosis of rotator cuff tears: a meta-analysis. AJR Am J Roentgenol. Jun 2009;192(6):1701-7.

Decision rationale: Magnetic resonance imaging (MRI) and arthrography have fairly similar diagnostic and therapeutic impact and comparable accuracy, although MRI is more sensitive and less specific. Magnetic resonance imaging may be the preferred investigation because of its better demonstration of soft tissue anatomy. Subtle tears that are full thickness are best imaged by MR arthrography, whereas larger tears and partial-thickness tears are best defined by MRI, or possibly arthrography, performed with admixed gadolinium, which if negative, is followed by MRI. The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears. Shoulder arthrography is still the imaging "gold standard" as it applies to full-thickness rotator cuff tears, with over 99% accuracy, but this technique is difficult to learn, so it is not always recommended. Magnetic resonance of the shoulder and specifically of the rotator cuff is most commonly used, where many manifestations of a normal and an abnormal cuff can be demonstrated. The question we need to ask is: Do we need all this information? If only full-thickness cuff tears require an operative procedure and all other abnormalities of the soft tissues require arthroscopy, then would shoulder arthrography suffice? In a meta-analysis of studies on MRI, MR arthrography, and ultrasonography for rotator cuff tears, de Jesus et al found MR arthrography to be more sensitive and specific than either MRI or ultrasonography for diagnosing both full-thickness and partial-thickness tears. In this instance, the treating physician was concerned for persistent shoulder girdle weakness and hence by implication for a rotator cuff tear. Because MRI arthrogram is most sensitive for partial and full thickness rotator cuff tears, MRI arthrogram of the left shoulder was medically necessary.

