

<b>Case Number:</b>	CM14-0188337		
<b>Date Assigned:</b>	11/19/2014	<b>Date of Injury:</b>	11/27/2013
<b>Decision Date:</b>	01/07/2015	<b>UR Denial Date:</b>	10/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/12/2014

### 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 New York. 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:

Patient has a date of injury of November 27, 2013. The patient has chronic shoulder pain. Physical examination of the right shoulder shows normal range of motion. Strength is 4+ over 5 in all planes. The patient has tenderness to palpation of the biceps tendon. The patient has had physical therapy. The patient is a TENS unit. Patient continues to take chronic medication. At issue is whether additional physical therapy for the right shoulder and TENS unit is medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy; additional twelve sessions three times a week for four weeks for the right shoulder biceps:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**Decision rationale:** This patient has had chronic shoulder pain. The patient has had previous physical therapy. The medical records do not document subjective and functional proven from

prior physical therapy visits. Therefore, additional right shoulder physical therapy is not medically necessary not supported by guidelines.

**Retrospective TENS 30 day trial period:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation ODG shoulder chapter

**Decision rationale:** Guidelines do not support the use of a TENS unit for chronic shoulder pain. Literature has not been published demonstrates improve result a TENS unit for chronic shoulder pain. Therefore, the request for retrospective TENS 30 day trial period is not medically necessary and appropriate.

**Pantoprazole 20mg #90:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs.

**Decision rationale:** This medication is an NSAID type medication. It is not medically necessary at this time because there is no documentation the medical records at the patient of the first line NSAID medication. This medication as a second line NSAID medication not medically necessary at this time.

**Cyclobenzaprine 7.5mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants.

**Decision rationale:** Cyclobenzaprine is a muscle relaxant. Cyclobenzaprine is not recommended for the treatment of chronic shoulder pain. Guidelines do not support muscle relaxants for chronic shoulder pain. This medication not medically necessary.

**Toxicology screening:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**Decision rationale:** The patient has chronic shoulder pain. Chronic narcotics and not medically necessary for the treatment of chronic shoulder pain. Guidelines do not support long-term use of narcotics for chronic shoulder pain. Since chronic narcotics and not medically necessary, then urine toxicology screen not needed.