

Case Number:	CM14-0194889		
Date Assigned:	12/02/2014	Date of Injury:	05/17/2013
Decision Date:	01/20/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/20/2014

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 & 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:

This case involves a 22-year-old male who sustained a work related injury on May 17, 2013, injuring his left shoulder when a buffer slipped. Diagnosis is chronic left shoulder pain with adhesive capsulitis. The impression from a magnetic resonance imaging (MRI) study dated July 12, 2013, was capsular thickening. Electromyography (EMG) and muscle conduction velocity (MCV) tests on July 12, 2013, were unremarkable. Primary treating physician visit dated May 12, 2014 documented the injured worker to have increased pain and numbness, and to be using a sling for the left shoulder. Physical exam revealed active range of motion (ROM) of 45 degrees flexion, and 10 to 20 degrees external rotation. The physician felt physiatrist evaluation was in order, and that he couldn't provide further treatment for the injured worker. He advised limited duty until October 2014, then full duty. A new patient consultation dated October 28, 2014 documented that the injured worker underwent about 12 physical therapy sessions, steroid injection, and manipulation under anesthesia, none of which was helpful. The injured worker said his shoulder pain is 8/10 at best, and 10/10 at times with numbness and tingling. The utilization review from November 10, 2014 denied the request for Flexeril 7.5 mg, #60 because of no evidence of muscle spasm to warrant its use; modified the request for physical therapy 1 x 8 to the left shoulder into 6 sessions to meet guideline recommendation concerning number of trial visits; and denied exercise bands and pulleys because of no evidence that the patient could not participate in a home exercise program without the use of special devices. The utilization review from November 10, 2014 denied the request for Flexeril 7.5 mg, #60 because of no evidence of muscle spasm to warrant its use; modified the request for physical therapy 1 x 8 to the left shoulder into 6 sessions to meet guideline recommendation concerning number of trial visits; and denied exercise bands and pulleys because of no evidence that the patient could not participate in a home exercise program without the use of special devices.

IMR ISSUES, DECISIONS AND RATIONALES

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

Flexeril 7.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41-42.

Decision rationale: According to pages 41-42 of the CA MTUS Chronic Pain Medical Treatment Guidelines, sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In this case, there is no prior intake of Flexeril. However, the most recent physical examination failed to show evidence of spasm to warrant use of a muscle relaxant. Therefore, the request for Flexeril 7.5mg #60 is not medically necessary.

Physical therapy 1 x 8 to the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67-68,63-64, 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical Therapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. The guidelines recommend 9 to 10 physical therapy visits over 8 weeks for myalgia and myositis, and 8 to 10 visits over 4 weeks for neuralgia, neuritis, and radiculitis. In this case, the patient already underwent 12 sessions of physical therapy without noted beneficial effects, based on a progress report dated October 28, 2014. There is no compelling rationale for extending physical therapy sessions without significant functional improvement from previous visits. Therefore, the request for physical therapy 1 x 8 to the left shoulder is not medically necessary.

Exercise bands and pulley: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee Section, Durable Medical Equipment (DME)

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), Knee Section was used instead. It states that durable medical equipment (DME) is defined as a device that can withstand repeated use, is primarily and customarily used to serve a medical purpose, generally is not useful to a person in the absence of illness or injury, and is appropriate for use in a patient's home. DME includes bathroom and toilet supplies, assistive devices, TENS unit, home exercise kits, cryotherapy, orthoses, cold/heat packs, etc. In this case, the request for exercise bands and pulley is for home use. However, there is no evidence that the patient had been instructed on how to use the special equipment. There is likewise, no discussion as to how this device can facilitate a home exercise program. As such, this request is not medically necessary.