

<b>Case Number:</b>	CM14-0198131		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	05/22/2014
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2014

### 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 Occupational Medicine 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:

Injured worker is a female with date of injury 5/22/2014. Per primary treating physician's progress report dated 11/3/2014, the injured worker was provided 8 sessions of physical therapy that decreased pain and allowed her raise her left arm and shoulder more. She still has to bend her head over to reach her head. She has difficulty with prolonged sitting, standing, repetitive bending and stooping. On examination of the left shoulder, there is tenderness to palpation posterior and parascapular muscles. There is positive impingement. Strength is 4/5. Range of motion is flexion 95 degrees, extension 35 degrees, abduction 90 degrees, adduction 30 degrees, internal rotation 45 degrees, external rotation 50 degrees. Examination of the lumbar spine reveals tenderness to palpation of bilateral paravertebral muscles with spasm and bilateral SI joints. There is positive bilateral SI stress test, Fabere, and Gaenslen. Range of motion is flexion 42 degrees, extension 12 degrees, right lateral bend 12 degrees, left lateral bend 12 degrees. Diagnoses include 1) cervical spine trapezius sprain/strain 2) thoracic spine, lumbar spine, sprain/strain with SI joint sprain 3) left shoulder sprain/strain, rule out impingement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound Left shoulder:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound , therapeutic Page(s): 123.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Ultrasound, Diagnostic section.

**Decision rationale:** The utilization review dated 11/17/2014 did not certify this request as if it was for therapeutic ultrasound. This request is for a diagnostic ultrasound, however, as discussed by the requesting provider in utilizing ultrasound versus MRI, and the potential need for surgery. The MTUS Guidelines do not address the use of diagnostic ultrasound for shoulder injuries. The ODG recommends the use of diagnostic ultrasound for shoulder injuries to rule out the presence of a rotator cuff tear. The ultrasound equal to the MRI for detection of full thickness rotator cuff tears and the ultrasound may be better at picking up partial tears. Therefore, the request for ultrasound left shoulder is determined to be medically necessary.

**Fexmid 7.5 # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine section, Muscle Relaxants (for pain) section Page(s): 41, 42, 63, 64.

**Decision rationale:** Cyclobenzaprine (Fexmid) is recommended by the MTUS Guidelines for short periods with acute exacerbations, but not for chronic or extended use. These guidelines report that the effect of Cyclobenzaprine is greatest in the first four days of treatment. Cyclobenzaprine is associated with a number needed to treat of three at two weeks for symptoms improvement in low back pain and is associated with drowsiness and dizziness. This request is for a medication refill, and chronic use of Cyclobenzaprine is not recommended by the MTUS Guidelines. Chronic use of Cyclobenzaprine may cause dependence, and sudden discontinuation may result in withdrawal symptoms. Discontinuation should include a tapering dose to decrease withdrawal symptoms. This request however is not for a tapering dose. Therefore, this request is not medically necessary.