

Case Number:	CM15-0102181		
Date Assigned:	06/04/2015	Date of Injury:	02/27/2011
Decision Date:	07/07/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/27/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

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 50 year old female, who sustained an industrial injury on February 27, 2011. She reported becoming aware of the pain in her neck, shoulders, arms, and upper back, with increased pain in her hands/wrists and fingers. The injured worker was diagnosed as having right shoulder rotator cuff syndrome rule out new tear, right shoulder adhesive capsulitis, status post right shoulder surgery times two, left shoulder rotator cuff syndrome, chronic cervical strain, and bilateral carpal tunnel syndrome. Treatment to date has included electromyography (EMG)/nerve conduction study (NCS), right shoulder surgeries, MRI, x-rays, physical therapy, and medication. Currently, the injured worker complains of constant neck pain that radiates into the shoulders, arms, hands, and fingers, with numbness and tingling in the hands and fingers and weakness in the upper extremities and hands, constant pain in the bilateral shoulders and arms, constant pain in the right elbow that radiates down/up the arm to the hand, constant pain in both wrists/hands and constant pain in the upper back that radiates into the shoulder blades, with sleeping difficulty associated with stress and gastritis associated with frequent abdominal pain and vomiting secondary to the intake of pain medications. The Primary Treating Physician's report dated March 23, 2015, noted palpation of the cervical paravertebral muscles revealed tenderness bilaterally and hypertonicity on the right with cervical compression and shoulder depression tests positive. Palpation of the trapezius and subacromial spine revealed tenderness and hypertonicity bilaterally with Neer's and Hawkin's impingement tests positive on the left. Palpation of the palmer carpals revealed tenderness on the right. The treatment plan was noted to include requests for authorization for a MRA of the right shoulder, electromyography(EMG)/nerve conduction study (NCS) of both upper extremities, physical therapy for the cervical spine, left shoulder, and right wrist, and urine toxicology screen, and recommended medications in the form of Ultram, Naproxen, and topical Kera-Tek gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRA of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: The requested MRA of the right shoulder is not medically necessary. ACOEM Occupational Medicine Practice Guidelines, 2nd Edition (2004), Chapter 9, Shoulder Complaints, Special Studies and Diagnostic and Therapeutic Considerations, page 207-209, recommend an imaging study of the shoulder with documented exam evidence of ligamentous instability, internal derangement, impingement syndrome or rotator cuff tear, after failed therapy trial and an arthrogram for persistent evidence of undiagnosed labral tears or post-op. The injured worker has constant neck pain that radiates into the shoulders, arms, hands, and fingers, with numbness and tingling in the hands and fingers and weakness in the upper extremities and hands, constant pain in the bilateral shoulders and arms, constant pain in the right elbow that radiates down/up the arm to the hand, constant pain in both wrists/hands and constant pain in the upper back that radiates into the shoulder blades, with sleeping difficulty associated with stress and gastritis associated with frequent abdominal pain and vomiting secondary to the intake of pain medications. The Primary Treating Physician's report dated March 23, 2015, noted palpation of the cervical paravertebral muscles revealed tenderness bilaterally and hypertonicity on the right with cervical compression and shoulder depression tests positive. Palpation of the trapezius and subacromial spine revealed tenderness and hypertonicity bilaterally with Neer's and Hawkins' impingement tests positive on the left. Palpation of the palmar carpals revealed tenderness on the right. The treating physician has not documented evidence of a labral tear nor the medical necessity for a MR arthrogram instead of an MRI. The criteria noted above not having been met, MRA of the right shoulder is not medically necessary.

Physical therapy for cervical spine, left shoulder and right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy.

Decision rationale: The requested Physical therapy for cervical spine, left shoulder and right wrist is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), CHAPTER 8, Neck and Upper Back Complaints, Summary of Recommendations and Evidence, Page 181; and Official Disability Guidelines (ODG), Neck and Upper Back, Acute and Chronic, Physical therapy, recommend continued physical therapy with documented objective evidence of derived functional benefit. The injured worker has constant neck pain that radiates into the shoulders, arms, hands, and fingers, with

numbness and tingling in the hands and fingers and weakness in the upper extremities and hands, constant pain in the bilateral shoulders and arms, constant pain in the right elbow that radiates down/up the arm to the hand, constant pain in both wrists/hands and constant pain in the upper back that radiates into the shoulder blades, with sleeping difficulty associated with stress and gastritis associated with frequent abdominal pain and vomiting secondary to the intake of pain medications. The Primary Treating Physician's report dated March 23, 2015, noted palpation of the cervical paravertebral muscles revealed tenderness bilaterally and hypertonicity on the right with cervical compression and shoulder depression tests positive. Palpation of the trapezius and subacromial spine revealed tenderness and hypertonicity bilaterally with Neer's and Hawkin's impingement tests positive on the left. Palpation of the palmer carpals revealed tenderness on the right. The treating physician has not documented sufficient objective evidence of derived functional benefit from completed physical therapy sessions, or the medical necessity for additional physical therapy to accomplish a transition to a dynamic home exercise program. The criteria noted above not having been met, Physical therapy for cervical spine, left shoulder and right wrist is not medically necessary.

Kera-tak gel #1: Upheld

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

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

Decision rationale: The requested Kera-tak gel #1 is not medically necessary. California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants". The injured worker has constant neck pain that radiates into the shoulders, arms, hands, and fingers, with numbness and tingling in the hands and fingers and weakness in the upper extremities and hands, constant pain in the bilateral shoulders and arms, constant pain in the right elbow that radiates down/up the arm to the hand, constant pain in both wrists/hands and constant pain in the upper back that radiates into the shoulder blades, with sleeping difficulty associated with stress and gastritis associated with frequent abdominal pain and vomiting secondary to the intake of pain medications. The Primary Treating Physician's report dated March 23, 2015, noted palpation of the cervical paravertebral muscles revealed tenderness bilaterally and hypertonicity on the right with cervical compression and shoulder depression tests positive. Palpation of the trapezius and subacromial spine revealed tenderness and hypertonicity bilaterally with Neer's and Hawkin's impingement tests positive on the left. Palpation of the palmer carpals revealed tenderness on the right. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Kera-tak gel #1 is not medically necessary.