

Case Number:	CM15-0107220		
Date Assigned:	06/11/2015	Date of Injury:	03/10/2014
Decision Date:	08/17/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	06/03/2015

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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 was a 45-year-old female, who sustained an industrial injury, March 10, 2014. The injured worker previously received the following treatments EMG/NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities, physical therapy, right shoulder MRI, lumbar spine MRI, Oxycontin, injections and activity modification. The injured worker was diagnosed with cervical spine spam and right-sided radiculopathy, right shoulder impingement, status post injection with mild improvement continues with pain, left shoulder compensatory mild pain, lumbar spine sprain and possible disc herniation causing right sided radiculopathy. According to progress note of April 9, 2015, the injured workers chief complaint was shoulder and back pain. The injured worker had been continuing physical therapy without much improvement. The physical exam noted tenderness over the anterolateral aspect of the shoulder over the impingement area and had pain with flexion and abduction. The forward flex was 150 degrees and abduction was 160 degrees. There was positive impingement on 1 and 2 testing. There were trapezial spasms. The injured worker continued to have back pain and spasms in the lumbar spine. The treatment plan included prescriptions for Percocet and Soma for postoperative pain, cold therapy unit for postoperative pain and TENS (transcutaneous electrical nerve stimulator) unit and supplies for chronic pain and spasms. Her attending surgeon has recommended a right shoulder arthroscopy, subacromial decompression, and a distal clavicle excision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Associated Surgical Service: TENS Unit with supplies purchase: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 116.

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

Decision rationale: CA MTUS/ACOEM is silent on the issue of E-stim for the shoulder. Per the ODG, Shoulder, electrical stimulation, "Not recommended. For several physical therapy interventions and indications (eg, thermotherapy, therapeutic exercise, massage, electrical stimulation, mechanical traction), there was a lack of evidence regarding efficacy." As the guidelines do not support e-stimulation for the shoulder, the determination is not medically necessary.

Soma 250mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 29.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. If there is, however, a planned surgery to include a shoulder arthroscopy, subacromial decompression and distal clavicle excision then soma can be used on a short-term basis for postoperative pain control. There is insufficient evidence to support its use preoperatively or for the treatment of chronic pain. Therefore, the request is not medically necessary.

Associated Surgical Service: Cold Therapy Unit purchase: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index 13th Edition (web) 2015, Shoulder-Continuous flow cryotherapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Cold compression therapy.

Decision rationale: CA MTUS/ACOEM is silent on the issue of cold compression therapy. According to the ODG, Cold compression therapy, it is not recommended in the shoulder, as there are no published studies. It may be an option for other body parts such as the knee although randomized controlled trials have yet to demonstrate efficacy. As the guidelines do not recommend the requested DME, the determination is not medically necessary.

Percocet 4/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS, Page(s): 80.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. If there is, however, a planned surgery to include a shoulder arthroscopy, subacromial decompression and distal clavicle excision then percocet can be used on a short-term basis for postoperative pain control. There is insufficient evidence to support its use preoperatively or for the treatment of chronic pain. Therefore, the request is not medically necessary.