

Case Number:	CM15-0108130		
Date Assigned:	06/12/2015	Date of Injury:	04/24/2014
Decision Date:	07/20/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/04/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 28-year-old, female who sustained a work related injury on 4/24/14. The diagnoses have included chronic left trapezius strain, down sloping of left acromion process and low-grade FLAP lesion. Treatments have included trapezius muscle injection, physical therapy and medication. She states pain is made better with pain medication and rest. The pain is made worse with activities. She takes the Tylenol #3 at night. In the PR-2 dated 4/19/15, the injured worker complains of persistent pain in her left shoulder. She describes it as frequent and constant. She rates this pain level a 6-8/10. She has tenderness over cervical spine midline. She has tenderness and hypertonicity over left trapezius muscle. She has some decreased range of motion in left shoulder. The treatment plan includes requests for authorization for an MRI of left shoulder and for a refill of Tylenol #3.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the left 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): 207-208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain.

Decision rationale: For most patients with shoulder problems, special studies are not needed unless a four- to six-week period of conservative care and observation fails to improve symptoms. Routine testing and more specialized imaging studies are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. In this case, the patient has chronic pain and has had an MRI of the shoulder previously. The documentation does not support that the patient has had any recent injury or change in pain since the previous MRI. According to the ODG criteria, repeat MRI's are not routinely recommended but should be reserved for a significant change in symptoms and/or findings suggestive of a significant pathology. As there has been no change in pain or injury, a repeat MRI is not medically necessary.

Tylenol no.3 (Codeine 30/Acetaminophen 300) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 78-80, 92, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Management of patients using opioids for chronic pain control includes ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The indication for continuing these medications include if the patient has returned to work or if the patient has improved functioning and pain. In this case the documentation doesn't support that the patient has had meaningful improved function while taking this medication. The continued use is not medically necessary.