

Case Number:	CM15-0015782		
Date Assigned:	02/03/2015	Date of Injury:	01/06/2014
Decision Date:	04/02/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/27/2015

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: Preventive Medicine, Occupational 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 59 year old male, who sustained an industrial injury on 1/6/14. On 1/27/15, the injured worker submitted an application for IMR for review of MRI on the left shoulder and 16 sessions of Chiropractic therapy 2 times a week for 8 weeks o the left shoulder and left wrist, and Ibuprofen 400 mg, and Ranitidine Hydrochloride and Methocarbarnol 750 mg. The treating provider has reported the injured worker complained of left neck, shoulder, elbow and wrist pain with left upper extremity paresthesias and left hand numbness for 2 to 3 months. The diagnoses have included left shoulder strain/sprain and left carpal tunnel syndrome. Treatment to date has included physical therapy, EMG/NCV left upper extremity (4/23/14) and medication. On 12/30/14 Utilization Review non-certified MRI on the left shoulder and 16 sessions of Chiropractic therapy 2 times a week for 8 weeks to the left shoulder and left wrist, and Ibuprofen 400 mg, and Ranitidine Hydrochloride and Methocarbarnol 750 mg. The MTUS Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI on the left shoulder: Upheld

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

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

Decision rationale: Per the MTUS Guidelines, the criteria for ordering imaging studies of the shoulder include emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The clinical documents provided do not indicate that any of these criteria are met. The requesting provider does not document reasoning to support a request for MRI outside these guideline recommendations. The request for MRI of the left shoulder is determined to not be medically necessary.

Ibuprofen 400mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications and Gastrointestinal symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs section Page(s): 67-71.

Decision rationale: The use of NSAIDs are recommended by the MTUS Guidelines with precautions. NSAIDs are recommended to be used secondary to acetaminophen, and at the lowest dose possible for the shortest period in the treatment of acute pain or acute exacerbation of chronic pain as there are risks associated with NSAIDs and the use of NSAIDs may inhibit the healing process. The injured worker has chronic injuries with no change in pain level and no acute injuries reported. The request for Ibuprofen 400 mg is determined to not be medically necessary.

16 sessions of Chiropractic therapy 2 times a week for 8 weeks o the left shoulder and left wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 269.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation section Page(s): 58-61.

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks

is recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. Chiropractic care for the wrist is specifically not recommended. This request includes body parts that are specifically not recommended by the MTUS Guidelines, and the number of sessions are in excess of the MTUS Guidelines recommendations. The request for 16 sessions of Chiropractic therapy 2 times a week for 8 weeks of the left shoulder and left wrist is determined to not be medically necessary.

Ranitidine Hydrochloride: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, Chronic Pain Treatment Guidelines Anti-inflammatory medications and Gastrointestinal symptoms Page(s): 68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms & Cardiovascular Risk section Page(s): 68, 69.

Decision rationale: Ranitidine which is an H2 receptor antagonist. The MTUS Guidelines recommend the use of a proton pump inhibitor (PPI) such as omeprazole or the use of misoprostol in patients that are at intermediate risk or a gastrointestinal event when using NSAIDs. There is no indication that the injured worker is at increased risk of gastrointestinal events. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. The request for Ranitidine Hydrochloride is determined to not be medically necessary.

Methocarbamol 750mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209, Chronic Pain Treatment Guidelines muscle relaxant Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain) section Page(s): 63-66.

Decision rationale: The MTUS Guidelines recommend the use of non-sedating muscle relaxants with caution as a second-line option for short term treatment of acute exacerbations in patients with chronic low back pain. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Sedation is the most commonly reported adverse effect of muscle relaxant medications. These drugs should be used with caution in patients driving motor vehicles or operating heavy machinery. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen. The injured worker is chronically injured. Chronic use of muscle relaxants is not recommended for sprains and strains. The request for Methocarbamol 750mg is determined to not be medically necessary.

