

<b>Case Number:</b>	CM15-0019803		
<b>Date Assigned:</b>	02/09/2015	<b>Date of Injury:</b>	02/03/2011
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/02/2015

### 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: Physical Medicine & Rehabilitation

### 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 67-year-old female who reported an injury on 02/03/2011. The mechanism of injury was not provided. Her diagnoses included rotator cuff tear right shoulder, continued pain. The clinical note dated 10/15/2014 noted that the injured worker was in for a follow-up evaluation after the initial visit on 09/10/2014. She had a right shoulder MRI from 2013. She has opted not to have resurgery. She received cortisone injections along with acupuncture which was effective but not corrective. She is working full time, but is limited in the amount of time she uses her right arm at and about the shoulder level. A recommendation for MRI of the right shoulder to reassess the joint at the shoulder continues to be problematic. The injured worker was approved and had begun acupuncture after 10/18/2014. Upon examination, there continued to be limited range of motion in the right shoulder at 150 degrees as compared to 170 on the left. The injured worker had grossly intact strength but it was diminished in the right shoulder as compared to the left; 4/5 to 4+/5 on the right and 5/5 on the left. Sensation is intact in the right upper extremity. The treatment plan noted to request MRI of the right shoulder as the injured worker was told surgery is recommended to repair her shoulder and she would like to go forward with surgery. She is to begin acupuncture at 1 time a week. The injured worker will receive samples and a prescription for Flector patches, as she can wear these on her shoulder at work during work hours, and a prescription for 30 patches was prescribed. The follow-up in 5 weeks, she will be maintained on the same restrictions. The Request for Authorization was not supported within the documentation for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Flector Patches 1.3% #60 once to twice a day over the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The request for Flector Patches 1.3% #60 once to twice a day over the right shoulder is not supported. The ODG state the Flector patch is FDA indicated for acute sprains, strains, and contusion. The efficacy in clinical trials for topical NSAIDs has been inconsistent in most studies. NSAIDs have been shown to be superior to placebos during the first 2 weeks of treatment for osteoarthritis with diminished pain relief over another 2 week period. There is a lack of documentation of a condition or diagnosis with supporting findings such as acute sprain/strain, or contusion, or arthritis which would warrant the use of Flector patches. There is lack of documentation as to the duration the patch is to be applied. The request is not supported. As such, the request for Flector Patches 1.3% #60 once to twice a day over the right shoulder is not medically necessary.

**Right shoulder MRI without contrast @ [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Minnesota Rules, 5221.6100 Parameters for Medical Imaging.

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

**Decision rationale:** The request for Right shoulder MRI without contrast @ [REDACTED] is not supported. The California MTUS Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The criteria for imaging include emergence of a red flag, evidence of tissue insult or neurovascular dysfunction, and failure to progress in a strengthening program intended to avoid surgery. The injured worker has received an MRI which identified rotator cuff tear. She had decreased range of motion of the right shoulder, and tenderness of the right shoulder. Although there is documentation of subjective and objective findings, there is a lack of documentation of a diagnostic condition which would warrant a repeat study. The request is not supported. As such the request for Right shoulder MRI without contrast @ [REDACTED] is not medically necessary.

**Orthopedic evaluation with [REDACTED]:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Low Back Chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

**Decision rationale:** The request for orthopedic evaluation with [REDACTED] is not supported. The injured worker has a history of shoulder pain. The California MTUS/ACOEM Guidelines state that consultation is indicated to aid in the diagnosis, prognosis, therapeutic management, determination of medical stability, and permanent residual loss and/or exam fitness for return to work. A request for orthopedic evaluation to evaluate the injured workers right shoulder surgery was noted. However, there was a lack of documentation of therapeutic management and conservative care which has been exhausted within the treating physician's scope of practice. There is lack of documentation that the patient would be a candidate for surgical intervention. The request is not supported. As such, the request for orthopedic evaluation with [REDACTED] is not medically necessary.