MAXIMUS Federal Services

Case Number:	CM15-0141807		
Date Assigned:	07/31/2015	Date of Injury:	09/27/2010
Decision Date:	09/17/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/21/2015

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: New Jersey
Certification(s)/Specialty: Family Practice

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 39 year old male, who sustained an industrial injury on September 27, 2010. He reported an injury to his left shoulder and puncture wounds to his calves. He was diagnosed with a dislocated left shoulder. Treatment to date has included physical therapy, opioid medications, diagnostic imaging, left shoulder surgery, acupuncture therapy, and work restrictions. Currently, the injured worker complains of continuous neck pain with radiation of pain to the shoulder blades, the arms and the hands. He has associated numbness and tingling in the shoulder and arm. He reports continuous pain in the mid back, left hand and wrist and low back as well. He has left shoulder pain which he describes as sharp, shooting, throbbing and burning pain. His pain travels to his scapular region and down to the biceps and forearm. He reports overcompensating with his right arm and has a popping, clicking, grinding and dislocating sensation in the left shoulder. The injured worker reports episodes of numbness and tingling and stiffness in the shoulder. His pain increases with sleeping, reaching, pushing, pulling and with lifting. Lifting his upper extremity above the shoulder level also increases his pain. His pain is temporarily relieved with pain medications. On physical examination the injured worker has tenderness to palpation over the left subacromial region. His bilateral shoulder range of motion is close to normal and he has a positive impingement sign in the left shoulder. The diagnoses associated with the request include bilateral shoulder pain, left shoulder impingement syndrome and tendinopathy. The treatment plan includes MRI of the left shoulder, physical therapy to the left shoulder, Tramadol, Fexmid and gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2x6 to left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine section, pages 98-99.

Decision rationale: Physical therapy in the form of passive therapy for the shoulder is recommended by the MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, reportedly had completed at least some physical therapy (number of sessions not specified) for his left shoulder, as documented in the notes provided for review. The benefit or lack thereof from these previous sessions was not described in the notes provided in order to help justify this request for additional supervised physical therapy. Also, there was no evidence to show that this worker was using home exercises, and no report of having difficulty completing them to warrant more instruction and supervision from a physical therapist. Also, even in the setting of this worker not having tried physical therapy, the request for 12 sessions is excessive. Therefore, without more evidence to support this request, the physical therapy for the left shoulder (2x6) will be considered medically unnecessary at this time.

Fexmid 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although there was tenderness of the neck and lower back paraspinal muscles as well as tenderness at the subacromial region of the left shoulder, there was no specific report of muscle spasm, although this was implied with the prescription of Fexmid. There was no evidence from the notes provided that this was an acute flare-up of the worker's pain but rather appeared to be a continuation of chronic pain symptoms.

Even, considering the worker was actually experiencing an acute flare-up of muscle spasm, the number of pills requested (#60) of Fexmid would be more than necessary for this. Up to 30 pills is usually more than enough for treating an acute flare-up. As the evidence suggest chronic pain and not acute, regardless, and muscle relaxants are not appropriate to treat with chronically, the request for Fexmid 7.5 mg #60 will be considered medically unnecessary at this time.

Fexmid 7.5 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants, pp. 63-66.

Decision rationale: The MTUS Guidelines state that using muscle relaxants for muscle strain may be used as a second-line option for short-term treatment of acute exacerbations of chronic pain, but provides no benefit beyond NSAID use for pain and overall improvement, and are likely to cause unnecessary side effects. Efficacy appears to diminish over time, and prolonged use may lead to dependence. In the case of this worker, although there was tenderness of the neck and lower back paraspinal muscles as well as tenderness at the subacromial region of the left shoulder, there was no specific report of muscle spasm, although this was implied with the prescription of Fexmid. There was no evidence from the notes provided that this was an acute flare-up of the worker's pain but rather appeared to be a continuation of chronic pain symptoms. Even, considering the worker was actually experiencing an acute flare-up of muscle spasm, the number of pills requested (#60) of Fexmid would be more than necessary for this. Up to 30 pills is usually more than enough for treating an acute flare-up. As the evidence suggest chronic pain and not acute, regardless, and muscle relaxants are not appropriate to treat with chronically, the request for Fexmid 7.5 mg #60 will be considered medically unnecessary at this time.

MRI of 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: The MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the

shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In this case, the worker, in the recent physical examination by his physician, there was only vague reports of the left shoulder being tender and with an impingement sign, with no significant signs or symptoms being reported which would suggest a significant change since the prior MRI of the left shoulder or any clues to a red flag diagnosis being present at the time of this request, which would help justify this request. No other supportive evidence was provided for this request for repeat left shoulder MRI, and therefore will be considered medically unnecessary at this time.