

<b>Case Number:</b>	CM15-0145855		
<b>Date Assigned:</b>	08/06/2015	<b>Date of Injury:</b>	10/30/2012
<b>Decision Date:</b>	09/03/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/27/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 50 year old female who sustained a work related injury October 30, 2012. While lifting and dumping a container of tomatoes, she felt a sudden pop with pain in her left shoulder. Past history included a left shoulder arthroscopy November 2014. According to a primary treating physician's follow-up report, dated June 25, 2015, the injured worker presented with complaints of left shoulder pain, rated 6 out of 10, and decreased range of motion of the left shoulder. He further documented the left shoulder is refractory to treatment; failed physical therapy, injection to subacromial space, home exercise, and activity modification. She reports cervical pain with left upper extremity symptoms, rated 7 out of 10. Objective findings included; tenderness to the left shoulder without signs of infection; left shoulder abduction 80 degrees, forward flexion 90 degrees, external rotation 60 degrees, and internal rotation 50 degrees; swelling of the left shoulder; atrophy of the left deltoid musculature; cervical range of motion; flexion 50 degrees, extension 40 degrees, left and right rotation 35 degrees, and left and right tilt 35 degrees. There is diminished sensation left C6 and C7 dermatomal distributions and spasm of the cervical trapezius and cervical paraspinal musculature. Diagnoses are left shoulder impingement with rotator cuff pathology; neurologic findings left upper extremity, objective; cervical pain; left shoulder tendinopathy calcific tendinitis supraspinatus and infraspinatus; impending adhesive capsulitis, left shoulder. Treatment plan included extracorporeal shock wave therapy and at issue, the request for authorization for Hydrocodone and chiropractic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 3 visits per week for 4 weeks for the left shoulder and cervical spine:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

**Decision rationale:** The claimant sustained a work-related injury in October 2012 and is being treated for neck and bilateral shoulder pain. She underwent left shoulder arthroscopic surgery in November 2014. When seen, pain was rated at 7/10. Hydrocodone was being prescribed without side effects. There was decreased shoulder and cervical spine range of motion with cervical and trapezius muscle spasms and tenderness. There was shoulder tenderness and muscle atrophy. There was decreased left upper extremity strength and sensation. Chiropractic care is recommended as an option in the treatment of chronic pain. Guidelines recommend a trial of 6 visits over 2 weeks with further treatment considered if there is objective evidence of functional improvement and with a total of up to 18 visits over 6-8 weeks. In this case, the number of treatment sessions requested is in excess of the guideline recommendation and not medically necessary.

**Hydrocodone 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, (2) Opioids, criteria for use (3) Opioids, dosing Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant sustained a work-related injury in October 2012 and is being treated for neck and bilateral shoulder pain. She underwent left shoulder arthroscopic surgery in November 2014. When seen, pain was rated at 7/10. Hydrocodone was being prescribed without side effects. There was decreased shoulder and cervical spine range of motion with cervical and trapezius muscle spasms and tenderness. There was shoulder tenderness and muscle atrophy. There was decreased left upper extremity strength and sensation. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Hydrocodone is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.