

<b>Case Number:</b>	CM15-0148930		
<b>Date Assigned:</b>	08/12/2015	<b>Date of Injury:</b>	01/25/2013
<b>Decision Date:</b>	09/15/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/31/2015

### 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 York

Certification(s)/Specialty: Anesthesiology

### 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 51-year-old female, who sustained an industrial injury on January 25, 2013. She reported neck pain, left shoulder pain, left upper extremity pain and headaches. The injured worker was diagnosed as having shoulder injury status post -surgery with post-operative CRPS. Treatment to date has included diagnostic studies, surgical intervention of the left shoulder, cortisone injection of the left shoulder, conservative care, medications and work restrictions. Currently, the injured worker continues to report left shoulder pain, headaches, swelling in the left hand and neck pain. The injured worker reported an industrial injury in 2013, resulting in the above noted pain. She was treated conservatively and surgically without complete resolution of the pain. Evaluation on February 24, 2015, revealed continued pain as noted. She rated her pain at 4 on a 1-10 scale with 10 being the worst. She noted the pain was worse with activities and lifting. It was noted she had abdominal cramps and stomach problems however, the "problems" were not elaborated upon. It was noted she weighed 185 pounds. Evaluation on March 30, 2015, revealed continued pain as noted. She rated her shoulder pain at 5 on a 1-10 scale with 10 being the worst. It was again noted on the gastrointestinal assessment, she had stomach problems however, no specific incident was noted and no indication of the severity of the problem was noted. It was noted she was alert and in no acute distress. It was noted she weighed 186 pounds. Evaluation on May 4, 2015, revealed continued pain as noted in the left shoulder. She rated her pain at 4-5 out of 10 on a 1-10 scale with 10 being the worst. The gastrointestinal examination remained unchanged with cramps and stomach problems check marked. Her weight was 192 pounds. Evaluation on June 1, 2015, revealed continued pain. The

abdominal assessment remained the same as the previous visit. It was noted she had no side effects from medications. Her weight was 195 pounds. Linzess and Capsular distention left shoulder were requested.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Linzess:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Medscape Internal Medicine (2014).

**Decision rationale:** Linzess (Linaclotide) is a prescription medication used in adults to treat irritable bowel syndrome with constipation (IBS-C) and chronic idiopathic constipation (CIC). Neither of these conditions has been confirmed. Medical necessity for the requested medication has not been established. The requested medication is not medically necessary.

**Capsular distention left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Hydroplasty/hydrodilation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Hydroplasty/Hydrodilation.

**Decision rationale:** The California (CA) MTUS Guidelines are silent on the issue. According to the Official Disability Guidelines (ODG), distention arthrography (hydroplasty and hydrodilation) is under study and is experimental with no noted high quality studies. The ODG recommends this treatment to be individualized on the basis of the stage of adhesive capsulitis of the shoulder joint. It was also noted this procedure is reserved for individuals who do not progress with physical therapy. It was indicated in the documents the injured worker had some level of adhesive capsulitis, however, there was no clear indication of failed first line therapies. The request for Capsular distention of the left shoulder is not medically necessary.