

Case Number:	CM15-0164122		
Date Assigned:	09/01/2015	Date of Injury:	10/23/2012
Decision Date:	10/15/2015	UR Denial Date:	07/23/2015
Priority:	Standard	Application Received:	08/21/2015

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: 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 56 year old female, who sustained an industrial injury on 10-23-2012. The injured worker is currently working with modifications. Current diagnoses include left shoulder impingement syndrome with possible rotator cuff tear, right medial epicondylitis, left medial epicondylitis, and status post left shoulder arthroscopy in 2014. Treatment and diagnostics to date has included left shoulder surgery, medications, and left lower extremity MRI dated 06-02-2015, which showed medial meniscus degeneration and fraying, anterior cruciate ligament with moderate degeneration, mild periligamentous edema to the medial cruciate ligament, mild insertional tendinosis to quadriceps, and grade 2-3 chondral fibrillation to patellar lateral facet and median ridge. Current medications include Voltaren gel, Flexeril, and Norco. In a progress note dated 07-07-2015, the injured worker reported increased left shoulder pain rated 6 out of 10 on the pain scale and bilateral elbow pain rated 7 out of 10. Objective findings included tenderness over the left shoulder and bilateral elbows with mild swelling noted and decreased left shoulder range of motion. The treating physician reported requesting authorization for Acupuncture sessions to the left shoulder and bilateral elbows and Zanaflex.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture sessions (left shoulder, bilateral elbows): Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient presents with left shoulder and bilateral elbow pain. The request is for ACUPUNCTURE SESSIONS (LEFT SHOULDER, BILATERAL ELBOWS). The request for authorization is not provided. Physical examination reveals tenderness over the anterior and lateral aspect of the left shoulder. There is tenderness over the medial aspect of the elbows bilaterally where mild swelling was noted. She has had 6 sessions of acupuncture and reports a significant improvement with her left shoulder pain and is able to perform her work duties better with less pain and is using less pain medications. Patient's medications include Voltaren Gel, Flexeril, and Norco. Per progress report dated 08/26/15, the patient to return to usual and customary work duties without restrictions or limitations. MTUS, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments. (ii) Frequency: 1 to 3 times per week. (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." Treater does not discuss the request. Per UR letter dated 07/23/15, the requested Acupuncture is for 8 sessions. In this case, it appears the patient has already started receiving Acupuncture treatments prior to authorization. Per acupuncture progress report dated 08/25/15, treater notes, "Treatment plan: The above patient received an initial evaluation on: 08/04/2015. This report reflects the patient's 6th of 8 treatments." The patient continues with left shoulder and bilateral elbow pain. Given patient's condition, a trial of Acupuncture would be indicated by MTUS guidelines. However, the request for 8 treatments of Acupuncture sessions would exceed what is recommended by MTUS to produce functional improvement. Therefore, the request is not medically necessary.

Zanaflex 4mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The patient presents with left shoulder and bilateral elbow pain. The request is for ZANAFLEX 4MG #30. The request for authorization is not provided. Physical examination reveals tenderness over the anterior and lateral aspect of the left shoulder. There is tenderness over the medial aspect of the elbows bilaterally where mild swelling was noted. She has had 6 sessions of acupuncture and reports a significant improvement with her left shoulder pain and is able to perform her work duties better with less pain and is using less pain medications. Patient's medications include Voltaren Gel, Flexeril, and Norco. Per progress report dated 08/26/15, the patient to return to usual and customary work duties without restrictions or limitations. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha 2-adrenergic agonist that is FDA

approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." MTUS p 60 also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. The treater does not specifically discuss this medication. In this case, it appears the treater is initiating a prescription of Tizanidine, as prior progress reports have no discussion of this medication. Since this is the initial prescription for Tizanidine, the treater has not had an opportunity to document its efficacy. Given the patient's ongoing symptoms, the request for Tizanidine appears reasonable. Therefore, the request is medically necessary.