

Case Number:	CM15-0184568		
Date Assigned:	09/25/2015	Date of Injury:	02/21/2015
Decision Date:	12/04/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/19/2015

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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 46 year old female who sustained an industrial injury on 02-21-2015. The injured worker was diagnosed with left shoulder rotator cuff disease, occult spondylolisthesis and lumbago and left knee medial collateral ligament sprain and possible medial meniscus tear. The past medications listed are Norco, Flexeril and Anaprox. According to the treating physician's progress report on 08-20-2015, the injured worker was evaluated for the lower back, left shoulder and left knee. Objective examination of the lumbar spine demonstrated tenderness to palpation in the bilateral paraspinal muscles with range of motion documented at 0-30 degrees and extension at 0-20 degrees. Straight leg raise bilateral at 70 degrees was present and pain with extension testing. Motor strength, sensory and neurovascular were intact in the upper and lower extremities. Examination of the left knee noted tenderness over the medial collateral ligament and medial joint line with range of motion at 0-130 degrees. There was no effusion or swelling present. There was pain with medial collateral ligament stress testing and a positive McMurray's medially producing a click and pain. Motor strength and neurovascular were intact. The left shoulder was negative for effusion and swelling with tenderness over the anterior rotator cuff and proximal biceps. Flexion was documented at 130 degrees, abduction at 130 degrees and external rotation at 10 degrees. Motor strength of flexion and internal rotation was 5 out of 5 and abduction and external rotation was 4 out of 5. Circulation was intact. Provocative testing noted positive impingement sign and positive Hawkins. Drop-arm and Jobe's signs produced pain and weakness. Cervical spine and upper extremity evaluation was negative for tenderness, provocative testing, motor strength, sensory and deep tendon reflexes. Prior

treatments included diagnostic testing, physical therapy and medications. The review noted the injured worker should return to full work duty without restrictions. On 08-20-2015 the provider requested authorization for left shoulder ultrasound guided injection, lumbar spine magnetic resonance imaging (MRI), Anaprox 550mg #90, Ultram 150mg #30, left knee brace and back brace. On 09-02-2015, the Utilization Review modified the request for Anaprox 550mg #90 to Anaprox 550mg #60 and determined the request for the left shoulder ultrasound guided injection, lumbar spine magnetic resonance imaging (MRI), left knee brace, back brace and Ultram 150mg #30 were not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left shoulder ultrasound guided injection: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http:// www.odg-twc.com/odgtwc/Steroid injections](http://www.odg-twc.com/odgtwc/Steroid_injections).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Shoulder.

Decision rationale: The CA MTUS and the ODG guidelines recommend that interventional pain procedures can be utilized for the treatment of severe musculoskeletal pain when conservative treatments with medications, exercise, behavioral modification and PT have failed. The records did not show that conservative treatments had been optimized. There is no documentation of subjective or objective findings consistent with deterioration of the left shoulder condition. The criteria for ultrasound guided left shoulder injection was not met. The request is not medically necessary.

MRI (magnetic resonance imaging) of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Diagnostic Criteria, Special Studies. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back.

Decision rationale: The CA MTUS and the ODG guidelines recommend that MRI can be utilized for the evaluation of neurological deficits associated with spine conditions when plain radiography and physical findings are inconclusive. The record did not show subjective or objective findings consistent with neurological deficits associated with the low back pain. The physical examination did not show any sensory, motor or reflex abnormality associated with the low back pain. There was no remark that plain X-ray examination of the lumbar spine was inconclusive. The criteria for MRI of the lumbar spine was not met. The request is not medically necessary.

Anaprox 550mg #90: Upheld

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): NSAIDs (non-steroidal anti-inflammatory drugs), NSAIDs, GI symptoms & cardiovascular risk, NSAIDs, hypertension and renal function, NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter NSAIDs.

Decision rationale: The CA MTUS and the ODG guidelines recommend that NSAIDs / opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain. The chronic use of NSAIDs can be associated with cardiovascular, renal and gastrointestinal complications. The guidelines advised that the use of NSAIDs be limited to the lowest possible dose for the shortest duration to minimize the incidence of complications. The records indicate that the request for Anaprox was approved with modification from #90 to #60. This is consistent with guidelines recommendation. The criteria for the use of Anaprox 550mg #90 was not met. The request is not medically necessary.

Ultram 150mg #30: Upheld

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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

Decision rationale: The CA MTUS and the ODG guidelines recommend that opioids can be utilized for the treatment of exacerbation of musculoskeletal pain when standard treatment with NSAIDs, non opioid co-analgesics, exercise and PT are not effective. The chronic use of opioids can be associated with the development of tolerance, dependency, addiction, sedation and adverse interaction with sedative agents. The records did not show subjective or objective findings consistent with severe musculoskeletal pain that met the criteria for chronic opioid medications treatment. There is no documentation of guidelines required compliance monitoring with serial UDS, CURESS data reports, absence of aberrant behavior or function restoration. The records did not indicate that the patient failed treatment with non opioid co-analgesics, exercise, behavioral modification or home exercise program. The criteria for the use of Ultram 150mg #30 was not met. The request is not medically necessary.

Left knee brace: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Knee Complaints 2004, Section(s): Activity Alteration, Work-Relatedness, Work Activities. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Knee Durable Medical Equipment (DME).

Decision rationale: The CA MTUS and the ODG guidelines recommend that durable medical equipment such as braces can be beneficial to provide mechanical support, improve function and decrease pain associated with musculoskeletal conditions. The guidelines noted that braces can be especially beneficial in the acute injury period and when there is objective findings consistent with mechanical dysfunction. The records did not show any sensory, motor or range of motion deficits associated with the left knee condition. The lumbar spine condition was noted to be occult in nature. The criteria for the use of Left Knee brace was not met. The request is not medically necessary.

Back brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Work-Relatedness, Physical Methods, Activity. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Low Back Durable Medical Equipment (DME).

Decision rationale: The CA MTUS and the ODG guidelines recommend that durable medical equipment such as braces can be beneficial to provide mechanical support, improve function and decrease pain associated with musculoskeletal conditions. The guidelines noted that braces can be especially beneficial in the acute injury period and when there are objective findings consistent with mechanical dysfunction. The records did not show any sensory, motor or range of motion deficits associated with the lumbar spine condition. The lumbar spine condition was noted to be occult in nature. The criteria for the use of Back brace was not met. The request is not medically necessary.