

Case Number:	CM15-0188374		
Date Assigned:	09/30/2015	Date of Injury:	10/02/2014
Decision Date:	11/16/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/24/2015

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, North Carolina
 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 42 year old female injured worker suffered an industrial injury on 10-2-2014. The diagnoses included cervical disc disease, right shoulder impingement and right wrist ganglion cyst. On 5-6-2015 the provider noted she cannot take anti-inflammatory drugs due to bad esophagitis. On 8-28-2015 the treating provider reported current medication included Celebrex. The exam notes were difficult to read. The exam of the AME on 6-30-2015 revealed tenderness over the cervical spine with muscle guarding and decreased range of motion. There was tenderness over the right shoulder with crepitation. Prior treatment included at least 4 session of physical therapy. The AME report 6-30-2015 indicated she received 6 sessions of physical therapy. The medical records did not include evidence of goals of treatment for the requested therapies. There was no evidence of effectiveness of Celebrex. It was not clear how long Celebrex had been in use. The Utilization Review on 9-8-2015 determined non-certification for 30 Celebrex 200mg, modification for 8 Physical Therapy Visits Right Shoulder to 6 visits and modification for 8 Acupuncture visits Right Shoulder ,Cervical Spine to 3 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Celebrex 200mg Thru Express Scripts 877 292-1226: 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).

Decision rationale: CA MTUS support the use of NSAIDs as a traditional first-line agent for musculoskeletal pain. Celebrex is an NSAID that does not interfere with the anti-platelet activity of ASA. In this case, within the medical records provided for review, on 2/25/15 and 5/6/15 it is documented that the patient is unable to take anti-inflammatories. There has been no change in this recommendation in the interim. Thus the patient should not be taking anti-inflammatories, like Celebrex, according to the provider's prior determination. In addition, the note from 8/28/15 states that the patient's condition is unchanged in regard to her shoulder symptoms, raising questions regarding the efficacy of Celebrex. Therefore, the request is not medically necessary or appropriate.

8 Physical Therapy Visits Right Shoulder Thru Align Networks 866 389-0211: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Shoulder (Acute and Chronic) Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: CA MTUS Guidelines generally recommends 9-10 sessions of physical therapy (PT) for most conditions. The ODG specifically recommends 10 sessions for shoulder problems, so long as the patient is showing an increase in functional improvement following a 6 session trial. In this case, the patient has had no recent PT to the shoulder, therefore a trial of 6 sessions would be warranted. However, the request is for 8 sessions, which exceeds guidelines and is therefore not medically necessary or appropriate.

8 Acupuncture visits Right Shoulder ,Cervical Spine thru Align Networks 866-389-0211: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Acupuncture Treatment 2007. Decision based on Non-MTUS Citation ODG ,Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: CA MTUS Guidelines recommend acupuncture treatments for 1-3 visits/week for 1-2 months with a time to produce improvement of 3-6 treatments. Additional sessions beyond the initial 3-6 are contingent upon objective functional improvement. ODG recommends a 3-4 session trial in treating shoulder complaints. In this case, a trial of 3 sessions would be reasonable, however the request for 8 sessions exceeds guidelines and is therefore not medically necessary.

