

Case Number:	CM15-0200260		
Date Assigned:	10/15/2015	Date of Injury:	05/15/2014
Decision Date:	12/03/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/13/2015

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 57 year old female, who sustained an industrial injury on 5-15-14. The injured worker is diagnosed with left shoulder residual pain. Her work status is modified duty. A note dated 8-26-15 reveals the injured worker presented with complaints of left shoulder pain with intermittent muscle spasms rated 4-8 out of 10. Physical examinations dated 8-19-15 and 8-26-15 revealed left arm guarding, decreased left shoulder range of motion and left shoulder tenderness and spasm. Treatment to date has included acupuncture, which provided pain relief and improving functionality, per note dated 8-26-15; physical therapy is helpful per note dated 8-26-15 and medications Cyclo-Ultram (6-2015) and Voltaren ER. A request for authorization dated 9-7-15 for Cyclo-Ultram with 1 refill, physical therapy 2 times a week for 3 weeks for the left shoulder and acupuncture 2 times a week for 3 weeks for the left shoulder is non-certified, per Utilization Review letter dated 9-10-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cyclo/Ultram with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

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

Decision rationale: The patient was injured on 05/15/14 and presents with left shoulder pain. The request is for Cyclo/Ultram with 1 refill. The RFA is dated 09/07/15 and the patient is on temporary total disability until 08/28/15. She is to return to modified duties on 08/31/15 with no overhead work and a limited lifting/pushing/pulling of up to 5 pounds. MTUS Guidelines, Topical Analgesics NSAIDs section, page 111 states: "Topical analgesics are largely experimental and used with few randomized controlled trials to determine efficacy or safety." Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended. Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Cyclobenzaprine is a muscle relaxant and is not supported for any topical formulation. There is no support for tramadol as a topical compound. There is lack of evidence that topical tramadol can help chronic pain. The patient is diagnosed with left shoulder residual pain. MTUS page 111 states that if one of the compounded topical product is not recommended, then the entire product is not. In this case, the requested topical compound consists of Cyclobenzaprine and Ultram, neither of which is indicated for use as a topical formulation. Therefore, the requested compounded topical is not medically necessary.

Physical therapy 2 times a week for 3 weeks for the 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), Shoulder: Physical Therapy.

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

Decision rationale: The patient was injured on 05/15/14 and presents with left shoulder pain. The request is for Physical Therapy 2 times a week for 3 weeks for the left shoulder. The RFA is dated 09/07/15 and the patient is on temporary total disability until 08/28/15. She is to return to modified duties on 08/31/15 with no overhead work and a limited lifting/pushing/pulling of up to 5 pounds. The patient underwent an arthroscopic rotator cuff repair and subacromial decompression of the left shoulder on 10/13/14. MTUS, post-surgical guidelines pages 26-27, recommend 24 visits over a period of 14 weeks for patients undergoing a rotator cuff syndrome/Impingement surgery. The post-surgical time frame is 6 months. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The patient is diagnosed with left shoulder residual pain. On 10/13/14, the patient underwent an arthroscopic rotator cuff repair and subacromial decompression of the left shoulder. The utilization review letter states that the patient had 6 physical therapy sessions authorized on 04/08/15 and another 12 sessions

authorized on 06/17/15. The patient is now out of the post-surgical time frame; therefore, MTUS Guidelines pages 98-99 were referred to. The 08/26/15 treatment reports states that the patient "is attending PT & Tx is helping." There is no discussion regarding why the patient is unable to establish a home exercise program to manage her pain. Furthermore, the requested 6 sessions of therapy in addition to the 12 sessions already authorized on 06/17/15 (post-surgical time frame) exceeds what is allowed by MTUS guidelines. The request is not medically necessary.

Acupuncture 2 times a week for 3 weeks for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: The patient was injured on 05/15/14 and presents with left shoulder pain. The request is for Acupuncture 2 times a week for 3 weeks for the left shoulder. The RFA is dated 09/07/15 and the patient is on temporary total disability until 08/28/15. She is to return to modified duties on 08/31/15 with no overhead work and a limited lifting/pushing/pulling of up to 5 pounds. The patient underwent an arthroscopic rotator cuff repair and subacromial decompression of the left shoulder on 10/13/14. The utilization review letter states that the patient had 6 acupuncture sessions authorized on 07/01/15. MTUS Guidelines, Acupuncture Section, page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20(e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The patient is diagnosed with left shoulder residual pain. On 10/13/14, the patient underwent an arthroscopic rotator cuff repair and subacromial decompression of the left shoulder. The utilization review letter states that the patient had 6 acupuncture sessions authorized on 07/01/15. The 08/26/15 treatment reports states that "left shoulder pain [is] improving with acup." It is unclear on how these acupuncture sessions impacted the patient's pain and function besides stating that "left shoulder pain [is] improving." Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably warranted as the medical necessity. The request is not medically necessary.