

Case Number:	CM15-0206793		
Date Assigned:	10/23/2015	Date of Injury:	11/27/2013
Decision Date:	12/07/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/20/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

This is a 59 year old male who sustained a work-related injury on 11-27-13. Medical record documentation on 9-22-15 revealed the injured worker was being treated for status post right shoulder arthroscopic subacromial decompression on 2-14-14, right biceps long head rupture, neurologic findings, post-operative, right upper extremity and right shoulder tendinitis - calcific tendinitis and bursitis. He reported increasing right shoulder pain which he rated 7 on a 10-point scale (7 on 8-18-15) and right biceps pain rated 5 on a 10-point scale (5 on 8-18-15). He noted that the right shoulder remained refractory to physical therapy, home exercise program, subacromial injection, ice and NSAIDS. Medication facilitates performance of activities of daily living such as household duties, shopping, grooming, and foot preparation. Objective findings included a right shoulder range of motion to include flexion to 170 degrees, abduction to 160 degrees, internal and external rotation to 80 degrees, abduction and extension to 40 degrees. He had 4+5 strength in all planes and spasm of the right cervical trapezius. These objective findings indicate no change compared to his evaluation on 5-5-15. On 9-23-15, the Utilization Review physician modified urine toxicology screen to 10 panel random urine drug screen for qualitative analysis with confirmatory laboratory testing only performed on inconsistent results x 1 and Cymbalta 30 mg twice a day to Cymbalta 30 mg twice a day #60, and determined shockwave therapy to the right shoulder for three sessions was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy to the right shoulder, 3 sessions: 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-TWC), Shoulder Procedure Summary - Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: The claimant sustained a work injury in November 2013 and is being treated for right shoulder pain. He underwent a subacromial decompression in February 2014 complicated afterwards by a biceps rupture. In May 2015 diagnoses were status post subacromial decompression, right biceps rupture, and post-operative right upper extremity neurologic findings. He had developed right upper extremity numbness and weakness. In June 2015 a diagnosis of right shoulder tendinitis/calcific tendinitis/bursitis was added. No interim imaging was referenced. When seen, his condition was worsening. He had increasing right shoulder pain rated at 7/10 and right biceps pain rated at 5/10. Prior treatments were reviewed. There was decreased shoulder range of motion with right cervical trapezius spasms. There was a palpable ruptured biceps tendon. Cymbalta 30 mg #60 was prescribed. Urine drug screening and shockwave treatments were requested. Extracorporeal shock wave therapy can be recommended for calcifying tendinitis of the shoulder with up to 3 treatment sessions over three weeks. In this case, the claimant does not have a diagnosis of calcific tendinitis substantiated by documented imaging result. The request is not medically necessary.

Cymbalta 30mg twice a day (unspecified quantity): 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): Duloxetine (Cymbalta).

Decision rationale: The claimant sustained a work injury in November 2013 and is being treated for right shoulder pain. He underwent a subacromial decompression in February 2014 complicated afterwards by a biceps rupture. In May 2015 diagnoses were status post subacromial decompression, right biceps rupture, and post-operative right upper extremity neurologic findings. He had developed right upper extremity numbness and weakness. In June 2015 a diagnosis of right shoulder tendinitis/calcific tendinitis/bursitis was added. No interim imaging was referenced. When seen, his condition was worsening. He had increasing right shoulder pain rated at 7/10 and right biceps pain rated at 5/10. Prior treatments were reviewed. There was decreased shoulder range of motion with right cervical trapezius spasms. There was a palpable ruptured biceps tendon. Cymbalta 30 mg #60 was prescribed. Urine drug screening and

shockwave treatments were requested. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication was being prescribed and there is no reference to planned use of opioid medication. Although opioid medication had been prescribed previously, there are no identified issues of abuse or addiction. Therefore, urine drug screening is not considered medically necessary. Cymbalta (duloxetine) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia and is used off-label for neuropathic pain and radiculopathy. In this case, the claimant has numbness and weakness without neuropathic pain complaints. He has pain due to his orthopedic shoulder condition. The request is not medically necessary.

Urine toxicology screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary - Urine Drug Testing (UDT).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: The claimant sustained a work injury in November 2013 and is being treated for right shoulder pain. He underwent a subacromial decompression in February 2014 complicated afterwards by a biceps rupture. In May 2015 diagnoses were status post subacromial decompression, right biceps rupture, and post-operative right upper extremity neurologic findings. He had developed right upper extremity numbness and weakness. In June 2015 a diagnosis of right shoulder tendinitis/calcific tendinitis/bursitis was added. No interim imaging was referenced. When seen, his condition was worsening. He had increasing right shoulder pain rated at 7/10 and right biceps pain rated at 5/10. Prior treatments were reviewed. There was decreased shoulder range of motion with right cervical trapezius spasms. There was a palpable ruptured biceps tendon. Cymbalta 30 mg #60 was prescribed. Urine drug screening and shockwave treatments were requested. Steps to take before a therapeutic trial of opioids include consideration of the use of a urine drug screen to assess for the use or the presence of illegal drugs. In this case, no opioid medication was being prescribed and there is no reference to planned use of opioid medication. Although opioid medication had been prescribed previously, there are no identified issues of abuse or addiction. Therefore, urine drug screening is not considered medically necessary.