

<b>Case Number:</b>	CM15-0208158		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	08/19/2013
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	09/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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, Indiana, New York  
 Certification(s)/Specialty: Internal Medicine

### 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 71-year-old female who sustained an industrial injury on 8-19-2013 and has been treated for bilateral shoulder pain, left shoulder sprain, left ankle contusion, and she was status post right shoulder arthroscopy with debridement, subacromial decompression and rotator cuff repair on 10-26-2013. On 1-20-2015 the injured worker had reported bilateral shoulder, wrist, and hand pain. Bilateral shoulder pain was rated at 9 out of 10 without medication and reduced to 6 when they were taken. Pain was aggravated with reaching and lifting. Objective findings revealed painful range of motion, tenderness with palpation over multiple shoulder areas and with Neer's, Speed's, and Yergason's tests. Documented treatment at that time had included Aleve for pain. The treating physician's plan of care included medications Naprosyn, Prilosec, Tramadol, Soma, Alprazolam, Hydrocodone, Terocin Patch, Pantoprazole, and Cyclobenzaprine stated "for muscle relaxing." Additionally, two compound creams were prescribed at that visit including Gabapentin-Amitriptyline-Bupivacaine; and, Flurbiprofen-Baclofen-Dexamethasone-menthol-camphor-Capsaicin. A previous note provided dated 9-2-2014 indicates that she had received an unspecified amount of physical therapy post-surgery in 2013, and she had no pain medication prescribed at that visit. A request was submitted based on the 1-20-2015 date of service for 8 sessions of physical therapy, 8 sessions of acupuncture, and Cyclobenzaprine 10 mg #60. This was modified to 6 sessions of physical therapy for the right shoulder, 6 sessions of acupuncture, and Cyclobenzaprine 10 mg #20 on 9-8-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy 2 times a week for 4 weeks for DOS 01/20/15 to 9/14/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Shoulder Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Physical therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy two times per week times four weeks from date of service January 20, 2015 to September 14, 2015 is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnosis are right shoulder pain; status post right shoulder surgery; left shoulder pain; left shoulder sprain strain; left ankle contusion; and lots of sleep. Date of injury is August 19, 2013. Request for authorization is September 12, 2015. The medical record contains 18 pages. According to a September 2, 2014 non-requesting provider progress note, the injured worker underwent shoulder arthroscopy right October 2013. The injured worker received physical therapy and home exercise program. There are no medications listed. According to a January 20, 2015 requesting provider progress note, subjective complaints include bilateral shoulder pain and left ankle pain. Objectively, there was tenderness to palpation over the right and left AC joint. It was decreased range of motion. There was left ankle tenderness anteriorly. Current list of medications include cyclobenzaprine and Soma. There is no clinical rationale for the use of two muscle relaxants. There are two different strengths of hydrocodone in the medical record. The total number of physical therapy sessions is not specified in the medical record. There is no documentation demonstrating objective functional improvement with prior physical therapy. There were no compelling clinical facts indicating additional physical therapy is clinically indicated. There is no documentation of prior acupuncture in the medical record. Based on the clinical information and medical record, peer-reviewed evidence-based guidelines, no documentation indicating total number of physical therapy sessions, no location for the physical therapy (shoulder versus ankle), no documentation demonstrating objective functional improvement and no compelling clinical facts indicating additional physical therapy is clinically indicated, physical therapy two times per week times four weeks from date of service January 20, 2015 to September 14, 2015 is not medically necessary.

**Acupuncture 2 times a week for 4 weeks for DOS 01/20/15 to 09/14/15: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Acupuncture treatment.

**Decision rationale:** Pursuant to the Acupuncture Medical Treatment Guidelines and the Official Disability Guidelines, acupuncture two times per week times four weeks date of service January 20, 2015 to September 14, 2015 is not medically necessary. Acupuncture is not recommended for acute low back pain. Acupuncture is recommended as an option for chronic low back pain using a short course of treatment in conjunction with other interventions. The Official Disability Guidelines provide for an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks may be indicated. The evidence is inconclusive for repeating this procedure beyond an initial short period. In this case, the injured worker's working diagnosis are right shoulder pain; status post right shoulder surgery; left shoulder pain; left shoulder sprain strain; left ankle contusion; and lots of sleep. Date of injury is August 19, 2013. Request for authorization is September 12, 2015. The medical record contains 18 pages. According to a September 2, 2014 non-requesting provider progress note, the injured worker underwent shoulder arthroscopy right October 2013. The injured worker received physical therapy and home exercise program. There are no medications listed. According to a January 20, 2015 requesting provider progress note, subjective complaints include bilateral shoulder pain and left ankle pain. Objectively, there was tenderness to palpation over the right and left AC joint. It was decreased range of motion. There was left ankle tenderness anteriorly. Current list of medications include cyclobenzaprine and Soma. There is no clinical rationale for the use of two muscle relaxants. There are two different strengths of hydrocodone in the medical record. There is no documentation of acupuncture in the medical record. The guidelines recommend an initial trial of 3-4 visits over two weeks. With evidence of objective functional improvement 8 to 12 visits may be clinically indicated. The treating provider is requesting eight sessions in excess of the recommended guidelines. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating a trial of acupuncture was authorized and received and request for eight sessions in excess of the recommended guidelines, acupuncture two times per week times four weeks date of service January 20, 2015 to September 14, 2015 is not medically necessary.

**Cyclobenzaprine 10mg, #60 for DOS 01/20/15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG-TWC), Pain Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Cyclobenzaprine (Flexeril). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Muscle relaxants.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, cyclobenzaprine 10 mg #60, date of service January 20, 2015 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations

in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnosis are right shoulder pain; status post right shoulder surgery; left shoulder pain; left shoulder sprain strain; left ankle contusion; and lots of sleep. Date of injury is August 19, 2013. Request for authorization is September 12, 2015. The medical record contains 18 pages. According to a September 2, 2014 non-requesting provider progress note, the injured worker underwent shoulder arthroscopy right October 2013. The injured worker received physical therapy and home exercise program. There are no medications listed. According to a January 20, 2015 requesting provider progress note, subjective complaints include bilateral shoulder pain and left ankle pain. Objectively, there was tenderness to palpation over the right and left AC joint. It was decreased range of motion. There was left ankle tenderness anteriorly. Current list of medications include cyclobenzaprine and Soma. There is no clinical rationale for the use of two muscle relaxants. There are two different strengths of hydrocodone in the medical record. The cyclobenzaprine start date is not specified in the record. Cyclobenzaprine is recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. There is no documentation of acute low back pain or an acute exacerbation of chronic low back. The start date is not specified. Cyclobenzaprine is indicated for short-term (less than two weeks). There is no clinical rationale for the use of both cyclobenzaprine and Soma. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of acute low back pain or an acute exacerbation of chronic low back pain, no rationale for the use of two muscle relaxants (cyclobenzaprine and Soma) concurrently and treatment continued in excess of the recommended guidelines for short-term use, cyclobenzaprine 10 mg #60, date of service January 20, 2015 is not medically necessary.