MAXIMUS Federal Services

Case Number:	CM15-0022601		
Date Assigned:	02/12/2015	Date of Injury:	09/22/2012
Decision Date:	03/25/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/06/2015

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: Emergency 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 46 year old female, who sustained an industrial injury on 9/22/2012. The diagnoses have included shoulder and upper arm injury. Treatment to date has included surgical intervention (right shoulder diagnostic and operative arthroscopy on 7/19/2013) and conservative treatments. Currently, the injured worker complains of intermittent achiness and pain regarding the distribution of the trapezius along the right side. She had right hand numbness and tingling in the first three digits, as well as weakness in grip strength. She was documented as making excellent progress. Physical exam of the right shoulder noted range of motion 0-165 degrees of forward flexion and abduction, manual muscle testing 4/5 in all planes, internal rotation was to L5, and tenderness to palpation along the right distribution of the trapezius. Recent nerve conduction studies/electromyelogram of the right upper extremity was documented to be normal (PR2 report 1/19/2015). Magnetic resonance imaging of the right hand in May 2013 was documented as revealing focal tenderness and synovitis of the extensor digitorum tendon. Magnetic resonance imaging of the right shoulder in January 2014 was documented as revealing post surgical changes with rotator cuff tendon it is and acromioclavicular joint synovitis. Current medications were not documented. Plan of care included a transfer of care to [redacted], as she had reached somewhat of a plateau and maximal medical improvement, Spinal Q brace for relief of muscle strain, and Ibuprofen. On 1/30/2015, Utilization Review (UR) non-certified a request for (1) transfer care to [redacted]. The UR non-certified a request for (1) Spinal Q brace, citing ACOEM Guidelines. The UR non-certified a request for Ibuprofen 800mg (#60 plus one refill), citing MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 transfer care: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207,Chronic Pain Treatment Guidelines Part 1: Introduction Page(s): 1.

Decision rationale: The requested 1 transfer care is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Follow-Up, Page 207 recommend follow-up visits with documented medical necessity; and California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic pain, page 1, Part 1: Introduction, states, "If the complaint persists, the physician needs to reconsider the diagnosis and decide whether a specialist evaluation is necessary." The injured worker has intermittent achiness and pain regarding the distribution of the trapezius along the right side. She had right hand numbness and tingling in the first three digits, as well as weakness in grip strength. The treating physician has documented that the injured worker is making excellent progress. Physical exam of the right shoulder noted range of motion 0-165 degrees of forward flexion and abduction, manual muscle testing 4/5 in all planes, internal rotation was to L5, and tenderness to palpation along the right distribution of the trapezius. Recent nerve conduction studies/electromyelogram of the right upper extremity was documented to be normal (PR2 report 1/19/2015). Magnetic resonance imaging of the right hand in May 2013 was documented as revealing focal tenderness and synovitis of the extensor digitorum tendon. Magnetic resonance imaging of the right shoulder in January 2014 was documented as revealing post surgical changes with rotator cuff tendon it is and acromioclavicular joint synovitis. The treating physician has not documented the specific indications for this transfer nor what the treating physician is anticipating from such a transfer of care. The criteria noted above not having been met, 1 transfer care is not medically necessary.

60 Ibuprofen 800mg plus 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ibuprofen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The requested 60 Ibuprofen 800mg plus 1 refill, is not medically necessary. California's Division of Workers Compensation Medical Treatment Utilization Schedule (MTUS), Chronic Pain Medical Treatment Guidelines, Pg. 22, Anti-inflammatory medications note "For specific recommendations, see NSAIDs (non-steroidal anti-inflammatory drugs). Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional

restoration can resume, but long-term use may not be warranted." The injured worker has intermittent achiness and pain regarding the distribution of the trapezius along the right side. She had right hand numbness and tingling in the first three digits, as well as weakness in grip strength. The treating physician has documented that the injured worker is making excellent progress. Physical exam of the right shoulder noted range of motion 0-165 degrees of forward flexion and abduction, manual muscle testing 4/5 in all planes, internal rotation was to L5, and tenderness to palpation along the right distribution of the trapezius. Recent nerve conduction studies/electromyelogram of the right upper extremity was documented to be normal (PR2 report 1/19/2015). Magnetic resonance imaging of the right hand in May 2013 was documented as revealing focal tenderness and synovitis of the extensor digitorum tendon. Magnetic resonance imaging of the right shoulder in January 2014 was documented as revealing post surgical changes with rotator cuff tendon it is and acromioclavicular joint synovitis. The treating physician has not documented current inflammatory conditions, derived functional improvement from its previous use, nor hepatorenal lab testing. The criteria noted above not having been met, 60 Ibuprofen 800mg plus 1 refill is not medically necessary.

1 spinal Q brace: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 301. Decision based on Non-MTUS Citation Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports

Decision rationale: The requested 1 spinal Q brace is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 12, Low Back Complaints, Page 301, note lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Official Disability Guidelines (ODG), Low Back - Lumbar & Thoracic (Acute & Chronic), Lumbar Supports, also note "Lumbar supports: Not recommended for prevention. Under study for treatment of nonspecific LBP. Recommended as an option for compression fractures and specific treatment of spondylolisthesis, documented instability, or post-operative treatment." The injured worker has intermittent achiness and pain regarding the distribution of the trapezius along the right side. She had right hand numbness and tingling in the first three digits, as well as weakness in grip strength. The treating physician has documented that the injured worker is making excellent progress. Physical exam of the right shoulder noted range of motion 0-165 degrees of forward flexion and abduction, manual muscle testing 4/5 in all planes, internal rotation was to L5, and tenderness to palpation along the right distribution of the trapezius. Recent nerve conduction studies/electromyelogram of the right upper extremity was documented to be normal (PR2 report 1/19/2015). Magnetic resonance imaging of the right hand in May 2013 was documented as revealing focal tenderness and synovitis of the extensor digitorum tendon. Magnetic resonance imaging of the right shoulder in January 2014 was documented as revealing post surgical changes with rotator cuff tendon it is and acromioclavicular joint synovitis. The treating physician has not documented the presence of spondylolisthesis, documented instability, or acute

post-operative treatment. The criteria noted above not having been met, 1 spinal Q brace is not medically necessary.