

Case Number:	CM15-0027008		
Date Assigned:	03/19/2015	Date of Injury:	11/14/2012
Decision Date:	04/23/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/12/2015

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:

This 43 year old man sustained an industrial injury on 11/14/2012 after tripping over a power cord and caught himself by grabbing a table. Current diagnoses include right rotator cuff injury with surgical repair, right subacromial bursistis, right glenoid labrum detachment, chronic pain, right biceps tendinopathy, and median neuropathy. Treatment has included oral medications, massage, nerve blocks, physical therapy, exercise program, surgical intervention, and acupuncture. Physician notes dated 12/12/2014 show complaints of anterior shoulder and biceps pain rated 4/10. Recommendations include one month trial of a strong anti-inflammatory, consideration for decreasing opioid use, change Soma to Skelaxin, consider nightly Neurontin, right shoulder and scapular stabilizing exercises, TENs unit, steroid injections to the right biceps tendon, electrodiagnostic tests, consultation with orthopedic surgeon, urine drug screen, and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Steroid Injection to The Right Shoulder: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter for steroid injection.

Decision rationale: This patient has a date of injury of 11/14/2012 and presents with bilateral shoulder, neck, low back, and right arm pain. The request for authorization is dated 01/05/2015. The current request is for STEROID INJECTION TO THE RIGHT SHOULDER. ACOEM Guidelines page 207 chapter 9 for shoulder initial care states, if pain with elevation significantly limits activity, a subacromial injection of local anesthetic and corticosteroid preparation may be indicated after conservative therapy. The ODG Guidelines under the shoulder chapter for steroid injection has the following criteria: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for posttraumatic impingement of the shoulder. This patient is status post right shoulder rotator cuff repair from 04/18/13 and has a diagnosis of right subacromial bursitis and presents with continued shoulder pain. The utilization review denied the request stating that the records indicate that the patient has full range of motion of the shoulder and there is no indication that he currently has any of the required necessary shoulder diagnoses. In this case, the patient presents with continued right shoulder pain and ACOEM and ODG Guidelines support shoulder injections. There is no indication that this patient has tried injections for the shoulder in the past; therefore, the request for an initial injection IS medically necessary.

TENS Unit and Supplies: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

Decision rationale: This patient has a date of injury of 11/14/2012 and presents with bilateral shoulder, neck, low back, and right arm pain. The current request is for TENS UNIT AND SUPPLIES. The Request for authorization is dated 01/05/2015 and requests medical equipment TENS unit and supplies. The MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain and is not recommended as a primary treatment modality, but a 1-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom-limb pain, and multiple sclerosis. When a TENS unit is indicated, a 30-day home trial is recommended and with documentation of functional improvement, additional usage may be indicated. In this case, recommendation for a TENS unit cannot be supported as the treating physician has requested a TENS unit without specifying duration. When a TENS unit is indicated, a 30-day home trial is recommended first. The requested TENS unit IS NOT medically necessary.

Unknown Prescription of Skelaxin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: This patient has a date of injury of 11/14/2012 and presents with bilateral shoulder, neck, low back, and right arm pain. The Request for Authorization dated 01/05/2015 does not include this request. The MTUS chronic pain medical treatment guidelines page 63-66 regarding muscle relaxants for pain states, recommended non-sedating muscle relaxant with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. The medical file provided for review includes progress reports dating from 02/02/2013 through 10/31/2014 and provides no discussion regarding this medication. It appears to be an initial request. In this case, recommendation cannot be made as the request is for unknown prescription of Skelaxin, without specifying dosage. MTUS Guidelines recommends non-sedating muscle relaxants for acute exacerbations of low back pain and does not recommend its use for longer than 2 to 3 weeks. The request as it is without specified duration of use or dosage cannot be supported. This request IS NOT medically necessary.