

Case Number:	CM15-0055396		
Date Assigned:	03/30/2015	Date of Injury:	10/29/2009
Decision Date:	05/18/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/23/2015

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: Orthopedic Surgery, Sports 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 59-year-old female who reported an injury on 10/29/2009. The mechanism of injury was due to a trip and fall. Her diagnoses include other unspecified disorder of the cervical region. Her past treatments included an open reduction and internal fixation of the left distal radius fracture; left knee arthroscopy, synovectomy, chondroplasty, and meniscectomy; and cortisone injections to the bilateral knees and right shoulder. A right shoulder MRI, performed on 03/14/2015, revealed an old localized fracture of the proximal humerus, complete full thickness tear of the supraspinatus tendon, thinning of the infraspinatus tendon without perforation, subscapularis tendinosis, AC and glenohumeral joint osteoarthritis, subacromial/subdeltoid bursal effusion, and a SLAP tear. A cervical MRI, performed on 05/24/2013, revealed stable appearance of the cervical spine with multilevel degenerative disc disease and mild spinal canal/foraminal stenosis. The C2-3 and C4-5 have facet degenerative changes and a prior interval auto-fusion was noted at the C2-3 right facet joint. On 02/04/2015, the injured worker complained of neck and left shoulder pain. The injured worker also complained of bilateral knees and right wrist pain. The injured worker was noted to be utilizing a cane and knee braces. The injured worker also used soft and rigid braces for her right wrist. The physical examination revealed tenderness along the knee with no instability noted. There was also tenderness along the rotator cuff on the right shoulder with signs of impingement. There was tenderness along the carpal tunnel area with a positive Tinel's. The injured worker also had full extension of flexion at 150 degrees bilaterally. The treatment plan included a right shoulder surgery, Flexeril 10 mg quantity 60, cervical traction with air bladder, a TENS unit with conductive garment, Hyalgan injections for the left knee, and a cortisone injection for the right knee. A rationale was not provided. A Request for Authorization form was submitted on 02/04/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Surgery: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-210.

Decision rationale: According to the California MTUS/ACOEM Guidelines, surgical consideration is indicated for patients who have red flag conditions, activity limitations for more than 4 months, failure to increase range of motion and musculature with conservative treatments, and clear clinical/imaging evidence of a lesion. The injured worker was noted to have right shoulder complaints. An MRI performed on 03/14/2015 noted that the injured worker had a complete full thickness tear of the supraspinatus tendon and also a SLAP tear. However, the request as submitted failed to specify the surgical intervention to be performed. Furthermore, there was a lack of physical examination findings in regard to the right shoulder for review to support a surgical intervention. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Flexeril 10mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants for pain.

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

Decision rationale: The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbations in patients with chronic LBP. Efficacy appears to diminish over time and prolonged use of some medications in this class may lead to dependence. The injured worker was noted to have been on Flexeril for an unspecified duration of time. However, there was a lack of documentation indicating the medical necessity for long term use as the guidelines do not support the chronic use of muscle relaxants due to diminished efficacy and dependence from prolonged use. The request as submitted failed to specify a frequency. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Cervical traction with air bladder: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Neck and Upper Back (Acute and Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) .

Decision rationale: According to the California MTUS/ACOEM Guidelines, there is no high grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. This palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. Furthermore, the Official Disability Guidelines state home cervical patient controlled traction may be preferred for patients with radicular symptoms, in conjunction with a home exercise program. The injured worker was noted to have cervical pain complaints. However, there was lack of documentation in regard to a physical examination of the cervical spine or radicular symptoms to warrant the use of traction. Moreover, there was lack of documentation indicating the traction would be used in conjunction with a home exercise program. Based on the above, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary or appropriate at this time.

TENS Unit with conductive garment: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, transcutaneous electrotherapy form fitting units is only considered medically necessary when there is documentation that there is such a large area that requires stimulation that a conventional system cannot accommodate the treatment, that the patient has medical conditions (such as skin pathology), that prevents the use of the traditional system, or the TENS unit is to be used under an immobilization device(as in treatment for disuse atrophy). The injured worker was noted to have been utilizing a TENS unit. However, there was a lack of documentation indicating the medical necessity for a TENS unit with conductive garment. Furthermore, there was a lack of documentation indicating the injured worker had a medical condition such as skin pathology preventing the use of a traditional system or would be used under an immobilization device for disuse atrophy. In the absence of the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Hyalgan injections left knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee-Hyaluronic acid injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) knee and leg, Hyaluronic acid injections.

Decision rationale: According to the Official Disability Guidelines, criteria for hyaluronic acid injections include patients with significant symptomatic osteoarthritis who have not responded adequately to conservative treatments, and documented symptomatic severe osteoarthritis of the knee, to include bony enlargement, bony tenderness, crepitus with active motion, less than 30 minutes of morning stiffness, and no palpable warmth of the synovium. Documentation should also include pain that interferes with functional activities, failure to adequately respond to aspiration and injection of intra-articular steroids, and are not currently candidates for total knee replacements. The injured worker was noted to have left knee pain complaints and had to have undergone a cortisone injection previously. However, there was a lack of documentation indicating the injured worker had significant symptomatic osteoarthritis or had not adequately responded to conservative treatments. There was also a lack of documentation of a failure to respond to aspiration and injections of intra-articular steroids and documented pain that interferes with activities of daily living that is not attributed with other forms of joint disease. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.

Cortisone injection right knee: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee and Leg Chapter-Corticosteroid injections.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

Decision rationale: According to the California MTUS/ACOEM Guidelines, Invasive techniques, such as and cortisone injections, are not routinely indicated. The injured worker was noted to have right knee pain complaints. The injured worker also underwent previous bilateral cortisone injections. However, there was lack of documentation in regard to objective functional improvement or positive outcomes from previous injections. Furthermore, the guidelines do not routinely recommend the use of cortisone injections in the knee as they are not routinely indicated. Based on the above, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary or appropriate at this time.