

Case Number:	CM15-0081284		
Date Assigned:	05/04/2015	Date of Injury:	02/18/2006
Decision Date:	07/01/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	04/28/2015

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: Texas, California

Certification(s)/Specialty: Family Practice

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 49-year-old female, who sustained an industrial injury on 2/18/06. She reported initial complaints of left shoulder. The injured worker was diagnosed as having left shoulder impingement syndrome; status post arthroscopic subacromial decompression on 1/11/10. Treatment to date has included status post left shoulder arthroscopy with subacromial decompression (1/11/10); status post left shoulder arthroscopic subacromial decompression, lysis of adhesions; partial distal claviclectomy, sub-AC joint arthroplasty; synovectomy-bursectomy subacromial space (5/2/11); physical therapy; TENS unit; medications. Diagnostics included MRI left shoulder (11/3/12); MRI cervical spine (2/19/13). Currently, the PR-2 notes dated 3/20/15 indicated the injured worker complains of ongoing left shoulder pain 7/10 with second injection of Depo-Medrol and Marcaine into the left shoulder. She is a status post remote left shoulder surgeries and desires to avoid interventional treatment. The left wrist/ hand pain is noted with pain levels 6/10 on this visit. Current medications are facilitating maintenance of activities of daily living and recalls times without medications these activities were in jeopardy. Objective findings of the left shoulder examination reveal range of motion remains limited however improved. Spasms are noted of the left deltoid musculature/cervical trapezius less pronounced. The provider has requested additional chiropractic treatment left shoulder Quantity 12; TENS unit; Retrospective Cyclobenzaprine 7.5 mg #90 (3/20/15); Retrospective Pantoprazole 20 mg #90 (3/20/15). The patient has had MRI of the cervical spine on 2/19/13 that revealed disc protrusion. Patient has received an unspecified number of PT visits for this injury. The medication list includes Protonix, Tramadol, naproxen and Flexeril.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional chiropractic treatment left shoulder Quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, page 58-59.

Decision rationale: Request: Additional chiropractic treatment left shoulder Quantity 12 Per the MTUS guidelines regarding chiropractic treatment, "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." In addition the cite guideline states "Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." Patient has received an unspecified number of PT visits for this injury. The notes from the previous rehabilitation sessions were not specified in the records provided. There was no evidence of significant progressive functional improvement from the previous chiropractic visits therapy that is documented in the records provided. The records submitted contain no accompanying current chiropractic evaluation for this patient. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program was not specified in the records provided. The medical necessity of the request for Additional chiropractic treatment left shoulder Quantity 12 is not medically necessary for this patient.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for the use of TENS Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation) Page(s): 114.

Decision rationale: TENS unit; According the cited guidelines, electrical stimulation (TENS), is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results

of studies are inconclusive; the published trials do not provide information on the stimulation parameters, which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. Recommendations by types of pain: A home-based treatment trial of one month may be appropriate for neuropathic pain and CRPS II (conditions that have limited published evidence for the use of TENS as noted below), and for CRPS I (with basically no literature to support use)." According the cited guidelines, Criteria for the use of TENS is "There is evidence that other appropriate pain modalities have been tried (including medication) and failed." A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. Any evidence of neuropathic pain, CRPS I and CRPS II was not specified in the records provided. Patient has received an unspecified number of PT visits for this injury. Detailed response to previous conservative therapy was not specified in the records provided. In addition a treatment plan including the specific short- and long-term goals of treatment with the TENS unit was not specified in the records provided. The records provided did not specify any recent physical therapy with active PT modalities or a plan to use TENS as an adjunct to a program of evidence-based functional restoration. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided. The medical necessity of the request for TENS unit E0730 is not medically necessary for this patient.

Retrospective Cyclobenzaprine 7.5 mg #90 (3/20/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 64-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page 41-42 NSAIDs, GI symptoms & cardiovascular risk, page 68-69.

Decision rationale: According to CA MTUS guidelines cited below, "Recommended as an option, using a short course of therapy. Cyclobenzaprine (Flexeril) is more effective than placebo in the management of back pain." The injured worker was diagnosed as having left shoulder impingement syndrome; status post arthroscopic subacromial decompression on 1/11/10. Treatment to date has included multiple left shoulder surgeries; physical therapy; TENS unit; medications. Currently, the PR-2 notes dated 3/20/15 indicated the injured worker complains of ongoing left shoulder pain 7/10 with second injection of Depo-Medrol and Marcaine into the left shoulder. She is a status post multiple remote left shoulder surgeries and desires to avoid interventional treatment. Current medications are facilitating maintenance of activities of daily living and recalls times without medications these activities were in jeopardy. Objective findings of the left shoulder examination reveal range of motion remains limited however improved. Spasms are noted of the left deltoid musculature/cervical trapezius less pronounced. The patient has had MRI of the cervical spine on 2/19/13 that revealed disc protrusion. The patient has chronic conditions with evidence of abnormal objective findings. These conditions are prone to intermittent exacerbations. Therefore with this, it is deemed that, the use of the muscle relaxant Retrospective Cyclobenzaprine 7.5 mg #90 (3/20/15) is medically necessary in this patient.

Retrospective Pantoprazole 20 mg #90 (3/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs GI symptoms cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: Retrospective Pantoprazole 20 mg #90 (3/20/15) Per the CA MTUS NSAIDs guidelines cited below, regarding use of proton pump inhibitors with NSAIDs, the MTUS Chronic Pain Guidelines recommend PPIs in, "Patients at intermediate risk for gastrointestinal events." "Patients at high risk for gastrointestinal events." "Treatment of dyspepsia secondary to NSAID therapy." Per the cited guidelines, patient is considered at high risk for gastrointestinal events with the use of NSAIDS when "(1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA)." There is no evidence in the records provided that the patient has GI symptoms with the use of NSAIDs. Any current use of NSAIDS is not specified in the records provided. A recent detailed examination of the gastrointestinal tract was not specified in the records provided. The records provided do not specify any objective evidence of GI disorders, GI bleeding or peptic ulcer. The medical necessity of the request for Retrospective Pantoprazole 20 mg #90 (3/20/15 is not medically necessary in this patient.