

<b>Case Number:</b>	CM15-0089534		
<b>Date Assigned:</b>	05/13/2015	<b>Date of Injury:</b>	06/04/2010
<b>Decision Date:</b>	06/15/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 60 year old female who sustained an industrial injury on June 4, 2010. She has reported bilateral shoulder and elbow pain and has been diagnosed with bilateral slap tear, bilateral rotator cuff syndrome/adhesive capsulitis, lateral and medial epicondylitis, status post right arthroscopic surgery; status post left arthroscopy surgery x 2, cervical disc injury, and thoracic outlet syndrome. Treatment has included surgery, physical therapy, acupuncture, injection, heat, ice, and yoga. Examination of the shoulders revealed a positive ROO sign bilaterally. There was limited range of motion of the bilateral shoulders. There was tenderness to palpation over the bilateral bicep tendons, subacromian, Erb's point, and parascapular areas, as well as the medial and lateral epicondyle. Positive for Hawkins, Neer's impingement and Speeds bilaterally. Positive ROO sign and Cozen's bilaterally. The treatment request included a MRI thoracic outlet with or without shoulder abduction and capsaicin topical cream.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MRI thoracic outlet with or without shoulder adduction:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Campbell's Operative Orthopaedics, 12th Edition. 2011.

**Decision rationale:** The patient is a 60 year old female with an injury on 06/04/2010. She had elbow and shoulder pain. She had MRIs of the right shoulder on 07/20/2010 and 06/21/2012. She had MRIs of the left shoulder on 05/09/2013 and 01/28/2014. She had right shoulder surgery and two left shoulder surgeries. She had a MRI of the cervical spine on 10/08/2010. On 09/07/2012, she had bilateral upper extremity EMG/NCS that revealed no cervical radiculopathy. She had thoracic outlet syndrome as a listed diagnosis for years and has been P&S on 10/24/2014. There is no documentation of new symptoms or progression of old symptoms. There is no documentation of any recent red flag signs. She has improved with physical therapy. There is insufficient documentation to substantiate the medical necessity of a MRI of the thoracic outlet with and without shoulder adduction. The request is not medically necessary.

**Capsaicin Topical at 0.002%:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin, topical Page(s): 28 - 29.

**Decision rationale:** The patient is a 60 year old female with an injury on 06/04/2010. She had elbow and shoulder pain. She had MRIs of the right shoulder on 07/20/2010 and 06/21/2012. She had MRIs of the left shoulder on 05/09/2013 and 01/28/2014. She had right shoulder surgery and two left shoulder surgeries. She had a MRI of the cervical spine on 10/08/2010. On 09/07/2012, she had bilateral upper extremity EMG/NCS that revealed no cervical radiculopathy. She had thoracic outlet syndrome as a listed diagnosis for years and has been P&S on 10/24/2014. MTUS, Chronic Pain notes that topical Capsaicin may be useful for patient with osteoarthritis, fibromyalgia, diabetic neuropathy and post herpetic neuropathy. The patient does not have any of those conditions. MTUS does not recommend Capsaicin as a first line treatment but only after other treatment have failed. It is not medically necessary for this patient.