

Case Number:	CM14-0115109		
Date Assigned:	08/04/2014	Date of Injury:	05/23/2012
Decision Date:	10/09/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Emergency Medicine and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 62-year-old male who reported an injury on 05/23/2012 due to an unknown mechanism. Diagnoses were not reported. Past treatments were not reported. Diagnostic studies were an MR arthrogram that revealed postoperative changes with evidence of a small full thickness tear involving the distal supraspinatus tendon and medial subluxion of the long head of the biceps tendon. Surgical history was left shoulder open acromioplasty with rotator cuff tear repair. The physical examination on 07/21/2014 revealed the inability to sleep on his shoulder or raise his arm above shoulder height. The injured worker reported 50% reduction in pain with medications versus not taking them at all. He was currently not working. It was reported that the injured worker had a 50% functional improvement with the medications versus not taking them. The examination of the left shoulder revealed limited range of motion. Abduction was to 70 degrees, full forward flexion was to 70 degrees, extend was to 30 degrees, and internally and externally rotated 30 degrees with a positive impingement sign. There was crepitus on circumduction passively of the shoulder joint. Palpation revealed hypertonicity over the left cervical trapezius muscles suggesting spasm. The examination of the left hand revealed positive Phalen's and Tinel's signs. Medications were ibuprofen 500 mg and Norco 5/325 mg. The treatment plan was for an EMG of the left upper extremity to rule out possible carpal tunnel syndrome. The rationale was not submitted. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Electromyography Left Upper Extremity: Overturned

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 Chapter

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

Decision rationale: The California ACOEM Guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms (or both) lasting more than 3 or 4 weeks. The request is to rule out carpal tunnel syndrome. The injured worker had a positive Tinel's and a positive Phalen's. Therefore, the request is medically necessary.

Nerve Conduction Study Left Upper Extremity: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): page177-179.

Decision rationale: The California ACOEM Guidelines state physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests, or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. Electromyography (EMG) and nerve conduction velocities (NCV), including H-reflex tests, may help identify subtle, focal neurologic dysfunction in patients with neck or arm symptoms (or both) lasting more than 3 or 4 weeks. The request is to rule out carpal tunnel syndrome. The injured worker had a positive Tinel's and a positive Phalen's. Therefore, the request is medically necessary.

Tramadol 50mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Ongoing Management, Page(s): 82,93,94,113, 78.

Decision rationale: The California Medical Treatment Utilization Schedule states central analgesic drugs such as tramadol (Ultram) are reported to be effective in managing neuropathic pain and it is not recommended as a first line oral analgesic. The medical guidelines recommend that there should be documentation of the 4 As for ongoing monitoring including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The 4 As for tramadol were not reported. Also, the request does not indicate a frequency for the medication. Therefore, the request is not medically necessary.

Vimovo 500/20 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,67-68.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anaprox, NSAIDs, Page(s): 72, 73, 70.

Decision rationale: This medication is a combination of naproxen and omeprazole. Clinicians should determine if the patient is at risk for gastrointestinal events that include age > 65 years, a history of peptic ulcer, GI bleeding or perforation, concurrent use of ASA, corticosteroids, and/or an anticoagulant; or using a high dose/multiple NSAIDs. Patients with no risk factor and no cardiovascular disease: Non-selective NSAIDs OK (e.g., ibuprofen, naproxen, etc.) Patients at intermediate risk for gastrointestinal events and no cardiovascular disease: (1) A non-selective NSAID with either a PPI (Proton Pump Inhibitor, for example, 20 mg omeprazole daily) or misoprostol (200 ug four times daily) or (2) a Cox-2 selective agent. Long-term PPI use (> 1 year) has been shown to increase the risk of hip fracture. Patients at high risk for gastrointestinal events with no cardiovascular disease should be considered for a Cox-2 selective agent plus a PPI if absolutely necessary. The medical guidelines state that Anaprox (Naprosyn) is a nonsteroidal anti-inflammatory drug (NSAID) for the relief of the signs and symptoms of osteoarthritis and they recommend the lowest effective dose be used for all NSAIDs for the shortest duration of time consistent with the individual patient treatment goals. It was not reported that the injured worker had GI events. The efficacy of this medication was not reported. The request did not indicate a frequency for the medication. Therefore, the request is not medically necessary.