

Case Number:	CM14-0127827		
Date Assigned:	09/29/2014	Date of Injury:	03/08/2007
Decision Date:	10/29/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/11/2014

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 General Surgery, has a subspecialty in Surgery of the Hand 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:

Injured worker is a 63-year-old male with 03/08/07 date of injury. He was changing regulators on the gas lines when he noted pain in his right shoulder, pain radiates distally down the right hand and proximally up to the neck. The injured worker underwent open right shoulder rotator cuff tear repair with resection of the distal clavicle in 2007. Left rotator cuff repair in 2009. Progress report dated 07/22/14 states complains of neck pain and right shoulder pain. The pain has increased since last visit. Quality of sleep is poor. His activity level has increased. Medications: Lortab, Lidoderm patch, Tylenol-codeine, Zanaflex, Celebrex. ROS section states pain doesn't interfere with sleep. Positive for irritable bowels and nausea. Objective findings: Inspection of the shoulder joint on the right reveals joint asymmetry. Hawkins test is positive, shoulder crossover test is negative, Popeye's sign is positive, speeds test is positive, Yergason's test is positive. Tenderness on palpation in the biceps groove. Diagnoses: Shoulder pain, neck pain, spinal/lumbar DDD, low back pain. Treatment plan section states that the injured worker was diagnosed with a right shoulder rotator cuff tendinitis with possible rotator cuff tear. He received steroid injections to the right shoulder. He has not return to gainful employment since 2007. Due to persistent symptoms, MRI arthrogram of the right shoulder was performed and revealed a small tear to the glenoid labrum, a partial tear of the rotator cuff and degenerative osteoarthritis involving the AC joint. The injured worker underwent open right shoulder rotator cuff tear repair with resection of the distal clavicle on 09/24/07. Conservative treatments included 6 sessions of physical therapy which provided moderate pain relief. The physician states that the injured worker's symptoms are consistent with biceps tendinitis and request an ultrasound guided steroids injection. Treatment plan also includes Skelaxin, Tylenol, Celebrex, Lyrica, and Lidoderm.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound guided (R) biceps injection: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Criteria for Steroid injections.

Decision rationale: The physician states that the injured worker had "good relief with physical therapy in the past." The guidelines require failure of physical therapy and anti-inflammatory medication after at least 3 months of therapy. The physician requested the injection after just one month of his first documented objective findings of biceps tendinitis and there is no evidence that there were any attempts of physical therapy and NSAID's to address these recent symptoms. The injured worker saw the requesting physician on 06/25/14, which is the first recent date the biceps symptoms have been documented. The physician that was treating the injured worker prior to this visit states "excellent shoulder range of motion and does not describe any shoulder symptoms." Therefore, the request is not medically necessary.

Skelaxin: Upheld

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

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

Decision rationale: The medical necessity for this medication has not been established since there is no description of muscle spasms, and no description of his ongoing efficacy to relieve them. In addition, the injured worker has been noted to be positive for nausea, which is a common side effect from this medication. The guidelines state that the effect of this medication is "presumed to be due general depression of the central nervous system." No clinical findings necessitating a CNS-affecting medication have been described. Therefore, the request is not medically necessary.

Tylenol #3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Acetaminophen (APAP) Page(s): 11-12, 16-17.

Decision rationale: This is regarding a prescription of Tylenol-Codeine 1 tablet 4 times a day. Although another physician has been prescribing this medication, there is no description of its efficacy in addressing the injured worker's current symptoms. Acetaminophen may induce hepatotoxicity if taken in high dosages. Prescriptions of opioid medications require ongoing evaluation of functional improvement, ongoing monitoring of the effect of opioids on the injured worker's VAS pain levels. These parameters have not been described. Therefore, the request is not medically necessary.

Celebrex: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines anti-inflammatories. Decision based on Non-MTUS Citation FDA

Decision rationale: The injured worker has demonstrated biceps tendinitis and impingement symptoms. In addition, he has some GI discomfort. Therefore, in the presence of musculoskeletal pain, the medical necessity for this NSAID has been established. Therefore, the request is medically necessary.

Labs; BUN, Creatinine: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Clinical Methods: The History, Physical, and Laboratory Examinations. 3rd edition, Walker HK, Hall WD, Hurst JW, editors, Boston: Butterworths; 1990. <http://www.ncbi.nlm.nih.gov/books/NBK305/>.

Decision rationale: The physician states that new blood work will be ordered today. However, the physician provides no rationale for the requested lab tests. Therefore, the medical necessity cannot be established. Therefore, the request is not medically necessary.