MAXIMUS Federal Services

Case Number:	CM14-0127916		
Date Assigned:	09/19/2014	Date of Injury:	12/10/2007
Decision Date:	10/20/2014	UR Denial Date:	07/28/2014
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 and is licensed to practice in California. 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:

This 62 year old female sustained injury 12/10/07 involving her shoulders. As of 3/17/14 she complained of bilateral shoulder pain left greater than right. She has positive impingement and empty can signs bilaterally. The requesting provider stated she has failed to respond to conservative management including steroid injections, and physical therapy. The rotator cuffs are tender bilaterally. Per a progress note dated 12/9/13, mention is made of a non-beneficial steroid injection into the left shoulder. An MRI of the right shoulder 2/7/13 revealed complete full-thickness tears of the supra and infraspinatus, muscle atrophy, moderate degenerative change of the glenohumeral joint and denudation of the superior labrum. Left shoulder plain films showed a Type II acromion.

IMR ISSUES, DECISIONS AND RATIONALES

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

TG HOT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain-Topical analgesics-Gabapentin.

Decision rationale: Evidence-based medicine does not support the use of this drug as a topical. Gabapentin is used orally for neuropathic pain. There is insufficient information provided to this reviewer to establish medical necessity that this patient be treated as an outlier. Therefore, the request for topical Gabapentin is denied. Any topical product of combined contents where one of the contents is not appropriate per Guidelines eliminates the entire compounded product from recommended use. Therefore, the request for this compounded topical is denied.

Flurflex: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Drugs.com/Flurbiflex

Decision rationale: "Fluriflex is a compounded topical the ingredients of which are Cyclobenzaprine and Flurbiprofen." Topical Cyclobenzaprine is not recommended as a topical. Therefore, the request for this compounded topical is denied.

Rotator cuff repair bilaterally, left first followed by right to be staged three months apart: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 9th Edition (web), Shoulder (Acute and Chronic) (Updated 12/15/10)

Decision rationale: "Activity limitation for more than three months, plus existence of a surgical lesion; Failure of exercise programs to increase range of motion and strength of the musculature around the shoulder, plus existence of a surgical lesion; Clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long term, from surgical repair; Imaging MRI, ultrasound or arthrogram shows positive evidence of deficit in rotator cuff. Also necessary is at least 3 continuous months of physical therapy."Physical therapy sessions are mentioned but there is not a record of any physical therapy sessions attended with body part treated, benefit, or number sessions attended. Rotator cuff tear of the right shoulder was demonstrated on MRI on the right 2/2013. There is not a record of a left shoulder MRI. A single non beneficial steroid injection was done in the past into the right shoulder.

Physical therapy 2x4 for the right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints,Chronic Pain Treatment Guidelines,Postsurgical Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 9th Edition (web), Physical Therapy Guidelines - Rotator cuff syndrome/Impingement syndrome; Medical treatment: 10 visits over 8 weeks

Decision rationale: The medical reports available to this reviewer have positively established medical necessity for a trial of physical therapy for a right shoulder rotator cuff tear with impingement. There is not a record of prior conservative management to include physical therapy. Therefore, the request for an 8 session trial of physical therapy for conservative management is approved.