

Case Number:	CM14-0142961		
Date Assigned:	09/10/2014	Date of Injury:	03/13/2012
Decision Date:	10/30/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	09/03/2014

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 Orthopedic 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 bus driver sustained an industrial injury on 3/13/12. Injury was reported relative to repetitive motions of steering the bus and opening the bus door. Past surgical history was positive for bariatric gastric bypass surgery in 2008 and right shoulder rotator cuff repair on 7/13/12. Past medical history was positive for hypertension. Medication use was reported limited to pain patches and topical creams due to gastrointestinal sensitivity. Conservative treatment for the right shoulder included home stretching exercise one to two days per week. The 4/29/14 bilateral upper extremity EMG/NCV documented electrodiagnostic evidence of left median nerve entrapment at the wrist and left ulnar nerve entrapment at the elbow. There was no evidence of generalized peripheral neuropathy, brachial plexopathy, or cervical radiculopathy. The 7/6/14 cervical MRI impression documented multilevel disc desiccation. There was broad-based disc protrusions at C3/4 and C4/5 with bilateral neuroforaminal stenosis that deviate the bilateral C4 and C5 exiting nerve roots. There was a circumferential disc bulge at C5/6 that abuts the anterior aspect of the spinal cord with neuroforaminal stenosis deviating the bilateral C6 exiting nerve roots. There was a disc extrusion at C4/5 deforming the spinal cord and bilateral neuroforaminal stenosis deviating the bilateral C7 exiting nerve roots. The 7/6/14 right shoulder MRI impression documented curved acromion, laterally and anteriorly downsloping. There was acromioclavicular joint osteoarthritis, narrowed coracohumeral distance, supraspinatus partial thickness tear, subscapularis tendinosis, vertical tenosynovitis, and subacromial/subdeltoid bursitis. Additional imaging documented multilevel lumbar disc disease, bilateral knee degenerative joint disease with meniscal tears, and left shoulder acromioclavicular osteoarthritis, supraspinatus and infraspinatus tendinosis, bicipital tenosynovitis, partial subscapularis tear, and subacromial/subdeltoid and subcoracoid bursitis. The 7/21/14 acupuncture progress report documented 12 visits were provided from 6/9/14 to

7/21/14 with grade 3-4/10 pain reduction and improved ankle and knee swelling. A 7/10/14 request was submitted for authorization of right shoulder rotator cuff repair, acupuncture 2x6 for the right shoulder, cervical spine, and thoracic spine, and Butrans patches 10 mcg #4. The 7/29/14 treating physician report cited neck, upper back, and right shoulder/arm pain. Right upper extremity sensation was reported intact to light touch. The patient remained off work. The 8/14/14 utilization review denied the request for right shoulder rotator cuff repair due to as lack of detailed documentation of conservative treatment and physical exam findings. Additional acupuncture was denied as there was no documentation of specific improvement with the initial trial of acupuncture. Butrans patches were denied as there was no documentation indicating medical comorbidities precluding the use of usual and customary medication routes of administration, anticipated treatment goals, or body part being treated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder Rotator Cuff Repair: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines; Shoulder, Surgery for Rotator Cuff Repair

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Surgery for rotator cuff repair

Decision rationale: The California MTUS guidelines provide general recommendations for rotator cuff repair and impingement syndrome. For rotator cuff tears presenting primarily as impingement, surgery is reserved for cases failing conservative treatment for three months. The Official Disability Guidelines for rotator cuff repair of partial thickness tears generally require 3 to 6 months of conservative treatment. Subjective criteria include pain with active arc of motion 90 to 130 degrees and pain at night. Objective criteria include weak or absent abduction and tenderness over the rotator cuff or anterior acromial area, and positive impingement sign with a positive diagnostic injection test. Imaging clinical findings showing positive evidence of rotator cuff deficit are required. Guideline criteria have not been met. There are no current physical exam findings documented to support the medical necessity of rotator cuff repair. There is no evidence of a positive impingement sign with positive diagnostic injection test. Evidence of 3 to 6-months of a recent, reasonable and/or comprehensive non-operative treatment protocol trial, including injections and exercise, and failure has not been submitted. Therefore, this request is not medically necessary.

Additional Acupuncture 2x6 Right Shoulder, C/S, T/S: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The California MTUS acupuncture guidelines indicate that acupuncture may be used as an option when pain medication is reduced or not tolerated, and it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Guidelines state that 3 to 6 treatments allow time to produce functional improvement. Acupuncture treatments may be extended if functional improvement is documented as defined in the guidelines. The optimum duration of acupuncture is 1 to 2 months. Guideline criteria have not been met for continued acupuncture. Twelve acupuncture visits were provided over a 7 week period. There is no documentation of a significant improvement in activities of daily living or reduction in work restriction, and reduction in dependence on continued medical treatment consistent with the guideline definition of functional improvement. There is no compelling reason to support the medical necessity of additional treatment beyond the recommended optimal duration. Therefore, this request is not medically necessary.

Butrans Patch 10mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Topical Analgesics. Decision based on Non-MTUS Citation Official Disability Guidelines; Buprenorphine for Chronic pain, Transdermal System

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Buprenorphine for chronic pain

Decision rationale: The California MTUS guidelines do not make recommendations relative to the use of Butrans patches. The Official Disability Guidelines recommend Butrans patches as an option for treatment of chronic pain in selected patients (not first-line for all patients) including patients with a hyperalgesic component to pain, patients with centrally mediated pain, patients with neuropathic pain, patients at high-risk of non-adherence with standard opioid maintenance, and for analgesia in patients who have previously been detoxified from other high-dose opioids. Guideline criteria have not been met for continued use of Butrans patches. The patient is status post gastric bypass in 2008 with reported gastric insensitivity to some oral medications. There is no documentation of specific functional benefit associated with the use of Butrans patches, anticipated treatment goals, or body part being treated to support the medical necessity of continued use. The patient has been using pain patches since at least March 2014. (Weaning of pain patches would typically be appropriate Therefore, this request is not medically necessary at this time.