

Case Number:	CM14-0026084		
Date Assigned:	07/18/2014	Date of Injury:	06/11/2012
Decision Date:	08/18/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	02/28/2014

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:

The claimant is a 40-year-old gentleman injured in a work-related accident on June 11, 2012. The progress reported dated January 2, 2014, describes continued bilateral shoulder complaints, mid low back pain and neck complaints. Physical examination showed cervical tenderness to palpation with trapezial discomfort, palpable tenderness over the facet joints from levels C4 through 7, 5/5 motor strength in the upper extremities, thoracic tenderness to palpation, and lumbar tenderness over the facet joints with restricted range of motion. There were no lower extremity neurologic findings documented. Physical examination of the bilateral shoulders showed impingement with tenderness over the acromioclavicular joints and restricted range of motion at end points. The claimant was diagnosed with right shoulder rotator cuff impingement status post decompressive surgery on March 18, 2013, left shoulder rotator cuff impingement, and cervical, thoracic and lumbar sprains. This request is for: revision right shoulder decompression; twelve additional chiropractic manipulation treatments; continued medication use in the form of Anaprox, Norco and Norflex; the purchase of an inversion table; and the use of a TENS unit. There is documentation in the records that the claimant has received eight chiropractic treatments for the low back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Shoulder open Decompression: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210-211.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 211.

Decision rationale: Based on California MTUS ACOEM Guidelines, a right shoulder open decompression would not be supported. The reviewed records note that the claimant is already status post prior subacromial decompression in March, 2013. There is no documentation or reports of postoperative imaging of the right shoulder for review. There is also no documentation of conservative treatment offered for the claimant's right shoulder, specifically for injection therapy or physical therapy over the past three to six months. The records only document a recent injection for the left shoulder. The absence of imaging findings and a course of conservative care for the right shoulder does not meet the ACOEM Guidelines for repeat, right shoulder open decompression and cannot be recommended as medically necessary.

12 Chiropractic manipulation treatments: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

Decision rationale: California MTUS Chronic Pain Guidelines would not support continued use of chiropractic manipulation for twelve sessions. The reviewed records note that the claimant has already undergone eight several treatments of chiropractic manipulation. There is no documentation of long-term benefit or functional improvement as a result of the chiropractic sessions. The Chronic Pain Guidelines recommend an initial trial of six chiropractic visits over two weeks, and if there is evidence of objective functional improvement, a total of up to eighteen sessions may be warranted over six to eight weeks. Absent any documentation of benefit from the prior treatments, the request for an additional twelve sessions of manipulation would exceed the Chronic Pain Guideline criteria and cannot be recommended as medically necessary.

One Prescription for Anaprox DS Quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, specific recommendations Page(s): 67.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the continued use of Anaprox. Under the Chronic Pain Guidelines, anti-inflammatory agents are utilized in the chronic setting only for the management of acute, symptomatic flare and prescribed in the lowest dose possible for the shortest duration possible. Anaprox is a brand of the anti-inflammatory

Naprosyn. Given the chronic nature of the claimant's clinical presentation and no demonstration of functional benefit from the Anaprox, the request for its continued use would not be indicated.

One Prescription for Norco 10/325 mg Quantity 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Criteria for Use Page(s): 76-80.

Decision rationale: California MTUS Chronic Pain Guidelines would not support the continued use of Norco in this case. Norco is a short-acting analgesic. The reviewed records indicate that this claimant's neck, back and bilateral shoulder pain is chronic in nature. No acute, symptomatic findings are documented. No significant benefit with the current medication regimen is documented, either. Given these factors, the request for continued use of Norco would not be supported as medically necessary.

One Prescription for Norflex 100mg Quantity 90: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Guidelines would not support the continued use of Norflex in this case. The Chronic Pain Guidelines recommend that muscle relaxants are to be used with caution as second-line agents for acute, symptomatic flare. The reviewed records indicate that this claimant's neck, back and bilateral shoulder pain is chronic in nature. No acute, symptomatic findings or acute flare of symptoms are documented. No significant benefit with the current medication regimen is documented, either. Given these factors, the request for continued use of Norflex would not be supported as medically necessary.

One Inversion table: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Traction. Decision based on Non-MTUS Citation Official Disability Guidelines Low Back Lumbar Thoracic.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: Under California ACOEM Guidelines, the use and purchase of an inversion table would not be indicated. ACOEM Guidelines do not recommend traction for the lumbar spine as it has not been proven to provide long term, lasting relief. There is also insufficient

medical evidence to support traction's use in managing vertebral axial decompression. For these reasons, this requested would not be supported.

One TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) / Transcutaneous electrotherapy Page(s): 114-116.

Decision rationale: California MTUS Chronic Pain Guidelines do not support the continued use of a TENS device in this case. In the chronic setting, the Chronic Pain Guidelines recommend the use of a TENS device as an adjunct to a program of evidence-based, functional restoration. In the management of chronic pain, TENS units are not recommended for isolated intervention. In this case, the records note that the claimant is continuing to treat with conservative measures. No documentation of an evidence-based functional restoration program or significant or recent return-to-work attempts is provided. Therefore, the request for a TENS device for purchase would not be indicated.