

Case Number:	CM14-0211334		
Date Assigned:	12/24/2014	Date of Injury:	08/28/2014
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/17/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

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 patient is a 52 year old female with an injury date of 08/28/14. The 11/03/14 report states the patient presents with ongoing right shoulder pain. Pain occurs approximately 40 minutes after starting to play the cello or performing daily routines and is rated 2/10. The patient has continued to work (play cello) despite pain. Examination of the shoulder reveals some forward sloping of posture with some tenderness at the AC joint. Strength testing shows positive for mild pain and weakness at the infraspinatus and mild discomfort and weakness at the supraspinatus with positive Obrien's. The 10/04/14 MRI Cervical provides the following impression: 1. Uncinate joint DJD and early disc narrowing at C5-6 associated with moderate to moderately severe foraminal stenosis. 2. Moderately severe right foraminal narrowing C3-4 secondary to uncovertebral and facet arthritis. The 10/03/14 MRI Right shoulder provides the following impression: 1. Supra and infraspinatus tendinopathy with a partial-thickness insertional tear of the supraspinatus and overlying bursitis. 2. Abnormal posterior superior labrum: either a resynovialized SLAP tear or partial-thickness degenerative tear. The patient's listed diagnoses include: 1. Degeneration of the intervertebral disc. 2. Superior glenoid labrum lesion. 3. Acute sprain/strain of thoracic region (10/23/14 report) 4. Cervical strain (10/23/14 report). 5. Right shoulder strain (10/23/14 report). The treater is recommending cortisone injection for the neck and states the patient is a possible candidate for an intra-articular joint injection for the shoulder and eventual shoulder arthroscopy. The patient trialed physical therapy, acupuncture and chiropractic treatment with no improvement and received a bursal cortisone injection that improved range of motion but not pain in 2012. A cortisone injection in October 2014 provided

no improvement. A list of medications is not provided. The utilization review dated 11/24/14 denied the request for Ergonomic evaluation as the patient's complaints of pain include not only pain after playing the cello for 40 minutes, but also basic activities and there are no specific job station dynamics other than proper posture that would be of benefit. Reports were provided for review from 09/09/14 to 11/03/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ergonomic evaluation for postural correction: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 6-11.

Decision rationale: The patient presents with ongoing right shoulder pain rated 2/10. The current request is for Ergonomic evaluation for postural correction per 11/03/14 report and 11/18/14 RFA).The ACOEM Practice Guidelines, 2nd edition (2004), chapter 1, pages 6-11 states, "The clinician may recommend work and activity modification or ergonomic redesign of the workplace to facilitate recovery and prevent recurrence." In this case, ACOEM Guidelines support ergonomic evaluations for the workplace to accommodate ergonomic changes to hasten the employee's return to full activity. The treater does not further explain this request in the reports provided. In this case, guidelines support ergonomic changes to hasten return to full activity and evaluation for needed changes is reasonable and IS medically necessary.

Celebrex 200mg: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: The patient presents with ongoing right shoulder pain rated 2/10. The current request is for Celebrex 200mg per 11/03/14 report and 11/18/14 RFA).MTUS Anti-inflammatory medications page 22 state, "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. " MTUS guidelines page 22 for Celebrex, state, "COX-2 inhibitors (e.g., Celebrex) may be considered if the patient has a risk of GI complications, but not for the majority of patients. Generic NSAIDs and COX-2 inhibitors have similar efficacy and risks when used for less than 3 months, but a 10-to-1 difference in cost." The 11/03/14 report states, "Rx'd for Celebrex as she is very sensitive to Motrin and Relafen. She has failed both Motrin and Relafen with GI pain despite taking PPI's." In this case, it appears the patient is just starting this medication. Other medications are not listed in recent reports provided. It is unclear if 2/10 pain is with medications or without. Celebrex is indicated as a first line treatment for pain

which is documented in this patient, and the reports document that the patient is at risk of GI complications. The request IS medically necessary.