

Case Number:	CM15-0111358		
Date Assigned:	06/17/2015	Date of Injury:	10/14/2013
Decision Date:	07/23/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/09/2015

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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old female injured worker suffered an industrial injury on 10/14/2013. The diagnoses included healed left shoulder humeral head fracture with residual sprain/strain and left wrist/hand sprain/strain. The diagnostics included left shoulder ultrasound. The injured worker had been treated with medications. On 5/11/2015 the treating provider reported continues left shoulder pain with decreased range of motion along with 3rd and 4th finger numbness and tingling. On exam the left wrist had mild atrophy with tenderness and decreased sensations. The left shoulder had tenderness with positive impingement sign along with reduced range of motion. The treatment plan included Zanaflex and Acupuncture to the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Zanaflex 2mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tizanidine (Zanaflex).

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

Decision rationale: MTUS recommends Zanaflex as a first-line treatment option for musculoskeletal pain, especially for myofascial pain which is a component of this patient's presentation. Therefore, this request is medically necessary.

6 Sessions of acupuncture to the left shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic), Acupuncture.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: MTUS recommends Zanaflex as a first-line treatment option for musculoskeletal pain, especially for myofascial pain which is a component of this patient's presentation. Therefore, this request is medically necessary.