

Case Number:	CM15-0064883		
Date Assigned:	04/10/2015	Date of Injury:	04/11/2012
Decision Date:	06/09/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/06/2015

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: 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 injured worker is a 52 year old male who sustained an industrial injury on 4/11/12 from a slip and fall resulting in right shoulder injury. He had an MRI of the right shoulder (4/26/12), injection into the right subacromial space and glenohumeral joint, physical therapy, shoulder surgery. Of note, the injured worker has had prior injuries involving his neck, left knee and left hand prior to the 4/11/12 injury. He currently complains of bilateral neck and shoulder pain. Medications are gabapentin, Protonix, tramadol ER, Nalfon and LidoPro Lotion. Diagnoses include right shoulder rotator cuff injury; right shoulder internal derangement; status post right surgical repair, failed (6/20/12); right shoulder rotator cuff full thickness tear, status post right shoulder arthroscopic surgical repair (9/23/13); left shoulder rotator cuff injury with positive tendinitis, bursitis and tear due to overcompensation; neck pain and disorder due to compensable consequences of injury of the right shoulder; depression; weight gain; headache; chronic neck pain. Treatments to date include medications, physical therapy, C2-3 and C3-4 facet joint radiofrequency nerve ablation and medial branch block. Diagnostics include cervical MRI (4/26/12, 7/11/14) with abnormal findings; MR of the left shoulder (7/11/14) abnormal findings; MRI of the right shoulder (2/19/13) with abnormal findings. In the progress note dated 3/17/15 the treating provider's plan of care includes cortisone injection to the right shoulder to reduce inflammation; physical therapy, 12 sessions, for both shoulders to improve range of motion, function and strength; gabapentin for neuropathic pain; Nalfon for inflammation; Protonix and Tramadol.

IMR ISSUES, DECISIONS AND RATIONALES

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

Cortisone injection to the right shoulder Qty1: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

Decision rationale: The ACOEM Guidelines indicate invasive techniques have limited proven value and a subacromial injection of local anesthetic and corticosteroid may be indicated after conservative therapy for 2 to 3 weeks. The clinical documentation submitted for review failed to provide the documentation of specific conservative care that was provided. Given the above, the request for cortisone injection to the right shoulder, Qty 1 is not medically necessary.

Physical Therapy Sessions for the right and left shoulder Qty 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99.

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the injured worker had previously undergone physical medicine treatment. The quantity of sessions and the objective functional benefit that was received was not provided. There was a lack of documentation of objective functional deficits to support the necessity for 12 additional sessions of therapy. Given the above and the lack of documentation, the request for physical therapy sessions for the right and left shoulder, Qty 12 is not medically necessary.

Gabapentin 600mg for the next visit Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-19, 49, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic Drugs Page(s): 16.

Decision rationale: The California MTUS guidelines recommend antiepilepsy medications as a first line medication for treatment of neuropathic pain. There should be documentation of an objective decrease in pain of at least 30 % - 50% and objective functional improvement. The clinical documentation submitted for review failed to provide documentation of 30% to 50% pain relief and objective functional improvement with use of the medication. The request as

submitted failed to indicate the frequency for the requested medication. Given the above, the request for gabapentin 600 mg for the next visit, Qty 30 is not medically necessary.

Pantoprazole 20mg for the next visit Qty 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS Page(s): 69.

Decision rationale: The California MTUS guidelines recommend proton pump inhibitors for injured workers at intermediate risk or higher for gastrointestinal events and are also for the treatment of dyspepsia secondary to NSAID therapy. The clinical documentation submitted for review failed to provide the efficacy for the requested medication. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for pantoprazole 20 mg for the next visit, Qty 60 is not medically necessary.

Tramadol 150mg for the next visit Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to provide documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for tramadol 150 mg for the next visit, Qty 30 is not medically necessary.

Fenoprofen Calcium 400mg for the next visit Qty 60: Upheld

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

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

Decision rationale: The California MTUS guidelines indicate that NSAIDS are recommended for short-term symptomatic relief of mild to moderate pain. There should be documentation of objective functional improvement and an objective decrease in pain. The clinical documentation

submitted for review failed to provide documentation of objective functional improvement and an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for fenoprofen calcium 400 mg for the next visit, Qty 60 is not medically necessary.