

Case Number:	CM15-0072053		
Date Assigned:	04/22/2015	Date of Injury:	07/27/2010
Decision Date:	05/20/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	04/15/2015

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: Preventive Medicine, Occupational Medicine

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 51 year old female who sustained an industrial injury on July 27, 2010. Prior treatment includes right shoulder arthroscopy, physical therapy, medications, cortisone injection, and arthrogram of the right shoulder. In Jan 2015 she had a MR arthrogram of her right shoulder which showed mild osteoarthritis. Currently the injured worker complains of constant pain in the right shoulder and reports limited mobility. The pain travels to her arm and hand and she has weakness in her right shoulder. Diagnoses for her injuries includes cervical degenerative disc disease, rotator cuff tear right shoudler status post arthroscopic repair, lateral epicondylitis right elbow, Carpal Tunnel Syndrome right wrist, DeQuervain's tenosynovitis right wrist, and dysthymia. Comorbid conditions include morbid obesity (BMI 45.2). The treatment plan includes imaging of the right shoulder, Voltaren XR #60, and home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-203, 207-9, 214. Decision based on Non-MTUS Citation American College of Radiology, Appropriateness Criteria for Imaging Acute Shoulder Pain, Revised 2010.

Decision rationale: X-rays are a form of electromagnetic radiation used to image the body. The image or radiograph can be used to detect acute and chronic changes to the bones and tissues of the area of the body being looked at. Plain shoulder radiographs are most appropriate for patients with acute shoulder symptoms or as follow-up for surgical treatment to the bones of that joint. A Magnetic Resonance Imaging (MRI) procedure should be performed as a second study or when the provider wants to clarify the anatomy of the region as it can identify acute injuries (eg fractures, dislocations, infections), mechanical injuries (ligament or tendon strains), degenerative disorders (arthritis, tendinitis) or masses, tumors or cysts. ACOEM guidelines as well as the guidelines published by the American College of Radiology suggest using the advanced imaging procedures such as MRIs to evaluate the shoulder when plain film x-rays of the shoulder are negative, symptoms suggest a surgically correctable condition and/or the patient has failed rehabilitation efforts. Review of the available medical records on this individual reveals she has no acute changes in her symptom complex and she had a MRI arthrogram of her right shoulder in Jan 2015. The provider does not explain what additional information he expects to find by plain film imaging that could not be gleaned from the recent MRI. Medical necessity for this procedure has not been established.

Voltaren XR 100mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), Diclofenac Sodium (Voltaren) Page(s): 67-68, 71.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-74.

Decision rationale: Voltaren (diclofenac) is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do not show instructions to the patient for use of this medication only for exacerbations it is not indicated for use at this time. The request is not medically necessary.