MAXIMUS Federal Services

Case Number:	CM15-0091364		
Date Assigned:	05/19/2015	Date of Injury:	03/13/2014
Decision Date:	06/24/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/12/2015

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: New York
Certification(s)/Specialty: Emergency 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:

This 45 year old male sustained an industrial injury to the right shoulder on 3/13/14. The injured worker was diagnosed with a biceps tendon tear. The injured worker underwent right shoulder arthroscopy with long head biceps tenodesis on 10/27/14. Additional treatment included physical therapy, injections and medications. In a Permanent and Stationary report dated 3/23/15, the injured worker complained of ongoing mild right shoulder pain. The injured worker denied back pain, myalgia or neck pain. The physician noted that the injured worker ambulated freely without antalgic gait. Physical exam was remarkable for tenderness to palpation to the right shoulder without swelling or effusion. Physical exam of the right elbow, right wrist, cervical spine and thoracic spine was normal. In a Doctor's First Report of Occupational Injury dated 3/27/15, the injured worker complained of pain to the low back, neck, bilateral shoulders, bilateral elbows, bilateral wrists and bilateral knees. The injured worker also complained of occasional headaches as well as gastrointestinal pain and hypertension secondary to chronic pain and stress. Physical exam was remarkable for tenderness to palpation to the cervical spine and lumbar spine paraspinal musculature with muscle guarding, bilateral shoulders with tenderness to palpation and positive bilateral impingement sign, right biceps with atrophy, bilateral knees with tenderness to palpation over the joint lines and slight patellofemoral crepitus upon passive range of motion with intact sensory and motor exam throughout. The injured worker ambulated with a normal gait pattern. Cervical spine x-rays showed straightening of the lordotic curvature and mild degenerative changes. X-rays of bilateral shoulders showed mild acromioclavicular joint degenerative changes bilaterally. X-rays of the lumbar spine showed straightening of the lumbar

lordosis with minimal multilevel marginal spurs. Bilateral knee x-rays showed no evidence of gross osteo-pathology. The injured worker was diagnosed with cervical spine sprain/strain with mild degenerative disc disease disc disease and spondylosis, lumbar spine sprain/strain, bilateral shoulder sprain/strain with rotator cuff tendinitis, bursitis, impingement syndrome and mild acromioclavicular joint degenerative changes, bilateral cubital tunnel syndrome, bilateral elbow and wrist pain, bilateral knee sprain/strain and patellofemoral arthralgia, headaches and gastrointestinal pain. The treatment plan included chiropractic therapy, a home interferential unit, magnetic resonance imaging arthrogram right shoulder, neurological consultation, internal medicine consultation and medications (Tramadol and Naproxen Sodium).

IMR ISSUES, DECISIONS AND RATIONALES

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

X-ray of the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 335-336.

Decision rationale: The documentation does not support trauma or mechanism for IW new complaint of knee pain. The physical exam documented pain with palpation, but normal motor and sensory examination. The provider documented the IW was noted to have a normal gait pattern. According the referenced guidelines, knee radiographic imaging is not recommended for initial evaluation of non-traumatic knee pain in the abscess of red flag conditions. Without out documentation to support these findings, the request for bilateral knee x-rays is not medically necessary.

X-ray of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 214.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-202.

Decision rationale: The documentation does not support trauma or mechanism for IW complaint of bilateral shoulder pain. The IW had previously undergone surgery to the right shoulder. It is not unreasonable for ongoing pain to this region, but it is not clear from the records reason for increased pain or bilateral nature of shoulder pain. Physical exam did not identify any abnormalities. There were no red flag conditions as outlined by referenced guidelines. Without documentation to support recent trauma or red flag conditions, the request for bilateral shoulder x-rays is not medically necessary.

X-ray of the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288-290.

Decision rationale: Documentation did not support acute trauma or new injury to explain the new report of low back pain. Physical exam did not report abnormal findings of the back examination. According to the above referenced guidelines, lumbar spine imaging is recommended only for IW with red flag conditions. The recommendations further states "In the absence of red flags, imaging and other tests are not usually helpful during the first four to six weeks of low back symptoms." The documentation does not support indications; therefore, request for lumbar x-rays are not medically necessary.

X-ray of the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165, 172-173.

Decision rationale: Documentation did not support acute trauma or new injury to explain the new report of neck pain. Physical exam did not report abnormal findings of the neck examination. According to the above referenced guidelines, cervical spine imaging is recommended only for IW with red flag conditions. The recommendations further states "In the absence of red flags, imaging and other tests are not usually helpful during the first four weeks of neck and upper back symptoms." The documentation does not support indications; therefore, request is not medically necessary.

Home IF unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS), Transcutaneous electrotherapy Page(s): 116-119.

Decision rationale: According to the reference Ca MTUS guidelines, interferential current stimulation, is "not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone." The documentation does not support the IW was in a functional restorative program with anticipated return to work status. There was not documentation of home or guided exercise programs. Without this, the request for a home IF unit is not medically necessary.

Tramadol 150mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol, Opioids for neuropathic pain Page(s): 82-83.

Decision rationale: CA MTUS, chronic pain guidelines, offer very specific guidelines for the ongoing use of opiate pain medication to treat chronic pain. These recommendations state that the lowest possible dose be used as well as "ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects." It also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the medications. Tramadol is recommending for the treatment of moderate to severe pain. It is not recommended as a first line agent for treatment. The chart materials do not include a list of all the analgesic medications currently used or the IW response to each medication. There are not details of failed first line agents. There is not discussion of the IW functional status in relation to the different medications. With the absence of this supporting documentation, the request for Tramadol is not medically necessary.

MR arthrogram of the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201.

Decision rationale: CA MTUS guidelines recommend a shoulder MR arthrogram to identify full thickness rotator tears pre-operatively but only if MRI is not available. The guidelines outlining physical exam findings that are present in individuals with rotator cuff tears. These findings include weakness with external rotation and weakness of shoulder in thumbs down abduction. The IW previously had surgery to the right shoulder. Pain in the shoulder was reported to be mild and physical examination documentation did not support aforementioned findings. Without the supporting findings, the request for an MR arthrogram of the shoulder is not medically necessary.

Neurological consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines approach to medications for chronic pain Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder - office visit.

Decision rationale: The treating provider has not provided any specific indications for this referral. It is unclear the purpose for the referral. The MTUS, per the citation above, discusses the indications for medications to treat chronic pain and the variables that should be considered. There is no discussion of an approach based on functional improvement. The medication prescribing that has occurred in this case has been far outside of the recommendations of the MTUS and the FDA. The ODG reference cited above discusses office visit appointments. Guidelines states, visits are "recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring." The treating provider has not made an adequate case for this referral in light of the specific patient factors and the MTUS recommendations. The referral for a neurologic consult is not medically necessary.

Internal medicine consultation: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines approach to medications for chronic pain Page(s): 7-8. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- Office visits.

Decision rationale: The treating provider has not provided any specific indications for this referral. It is unclear the purpose for the referral. The MTUS, per the citation above, discusses the indications for medications to treat chronic pain and the variables that should be considered. There is no discussion of an approach based on functional improvement. The medication prescribing that has occurred in this case has been far outside of the recommendations of the MTUS and the FDA. The ODG reference cited above discusses office visit appointments. Guidelines states, visits are "recommended as determined to be medically necessary. Evaluation and management (E&M) outpatient visits to the offices of medical doctor(s) play a critical role in the proper diagnosis and return to function of an injured worker, and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring." The treating provider has not made an adequate case for this referral in light of the specific patient factors and the MTUS recommendations. The referral for an internal medicine consult is not medically necessary.