

Case Number:	CM15-0093864		
Date Assigned:	05/20/2015	Date of Injury:	01/19/2015
Decision Date:	07/02/2015	UR Denial Date:	04/22/2015
Priority:	Standard	Application Received:	05/15/2015

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: 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 57-year-old male who sustained an industrial injury on 01/19/2015. The injured worker sustained injuries to his left shoulder. Mechanism of injury occurred while driving a bus and noticed a sudden pain in his left shoulder when he was making a right turn. Diagnoses include left shoulder/upper arm strain, and signs and symptoms of impingement with left upper extremity radiculitis. Treatment to date has included diagnostic studies, medications and chiropractic manipulation, and physical therapy. A physician progress note documents X rays of the cervical spine were done and revealed decreased disc height with anterior spurring from C2 to C5 with decreased lordotic curvature. Left shoulder x rays were normal. A physician progress note dated 04/06/2015 documents the injured worker complains of left shoulder pain. He has had no side effects from medication and medications allow him to do exercises in therapy and finish the session. He has increased symptoms while doing moderate duty at work. There is tenderness to palpation in the acromioclavicular and periscapular joints. Treatment requested is for 6 Sessions of Chiropractic Treatment, 60 Tabs Neurontin 300 MG, Left Shoulder Diagnostic Ultrasound, and Left Shoulder Magnetic Resonance Imaging.

IMR ISSUES, DECISIONS AND RATIONALES

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

Left Shoulder Diagnostic Ultrasound: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines shoulder chapter, ultrasound of the shoulder.

Decision rationale: The patient presents with LEFT shoulder pain and neck pain on the LEFT side rated 5-6/10. The request is for LEFT SHOULDER DIAGNOSTIC ULTRASOUND. The request for authorization is not provided. Radiographs of the LEFT shoulder, date unspecified, showed to be normal. Physical examination of the LEFT shoulder reveals tenderness to palpation over the subacromial region, acromioclavicular joint, supraspinatus tendon, anterior capsule and posterior musculature. Acromioclavicular joint crepitus is present. Codman's Drop Arm, Impingement and Cross Arm tests are positive. Patient's medications include Voltaren XR and Neurontin. Per progress report dated 04/06/15, the patient is returned to modified work. The ODG Guidelines under shoulder chapter has the following regarding ultrasound of the shoulder, "recommended as an indicated below. The results of a recent review suggest that clinical examination by specialist can rule out the presence of rotator cuff tear and that either MRI or ultrasound can equally be used for detection of full thickness, rotator cuff tears, although ultrasound may be better at picking up partial tears, ultrasounds also may be more cost effective in a specialist hospital setting for identification of full thickness tears." Treater does not discuss the request. In this case, the patient is diagnosed with LEFT shoulder sprain/strain with impingement syndrome. Additionally, per progress report dated 02/26/15, treater notes "Codman's Drop Arm test is positive. Impingement test is positive. Cross Arm test is positive." Review of provided records do not show evidence of a prior Ultrasound of the LEFT shoulder. Therefore, the request IS medically necessary.

6 Sessions of Chiropractic Treatment: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Pain endpoints and outcomes page(s): 58-59, 8-9.

Decision rationale: The patient presents with LEFT shoulder pain and neck pain on the LEFT side rated 5-6/10. The request is for 6 SESSIONS OF CHIROPRACTIC TREATMENT. The request for authorization is not provided. Radiographs of the LEFT shoulder, date unspecified, showed to be normal. Physical examination of the LEFT shoulder reveals tenderness to palpation over the subacromial region, acromioclavicular joint, supraspinatus tendon, anterior capsule and posterior musculature. Acromioclavicular joint crepitus is present. Codman's Drop Arm, Impingement and Cross Arm tests are positive. Patient's medications include Voltaren XR and Neurontin. Per progress report dated 04/06/15, the patient is returned to modified work. MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups,

re-evaluate treatment success and it return to work is achieved, and then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." Treater does not discuss the request. Per progress report dated 04/06/15, patient has attended 2 of 6 authorized sessions of chiropractic treatments, but is not currently attending. In this case, the treater does not discuss why the patient has stopped attending and why additional sessions are being requested prior to completing the initial trial of 6 visits. Furthermore, the treater does not provide discussion of objective functional improvement, decrease in pain and improvement of quality of life. Therefore, the request IS NOT medically necessary.

60 Tabs Neurontin 300 MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs), Gabapentin (Neurontin Medications for chronic pain page(s): 18-19, 60.

Decision rationale: The patient presents with LEFT shoulder pain and neck pain on the LEFT side rated 5-6/10. The request is for 60 TABS NEURONTIN 300MG. The request for authorization is not provided. Radiographs of the LEFT shoulder, date unspecified, showed to be normal. Physical examination of the LEFT shoulder reveals tenderness to palpation over the subacromial region, acromioclavicular joint, supraspinatus tendon, anterior capsule and posterior musculature. Acromioclavicular joint crepitus is present. Codman's Drop Arm, Impingement and Cross Arm tests are positive. Patient's medications include Voltaren XR and Neurontin. Per progress report dated 04/06/15, the patient is returned to modified work. MTUS has the following regarding Gabapentin on pg 18, 19: "Gabapentin (Neurontin, Gabarone, generic available) has been shown to be effective for treatment of diabetic painful neuropathy and post-therapeutic neuralgia and has been considered as a first-line treatment for neuropathic pain." Treater does not specifically discuss this medication. The patient has been prescribed Neurontin since at least 02/26/15. The patient presents with severe chronic pain, a neuropathic condition for which Neurontin is indicated. However, the treater does not document efficacy in terms of reduction in pain and improvement in function, as required by MTUS page 60 for all chronic pain medications. Therefore, the request IS NOT medically necessary.

Left Shoulder MRI: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Shoulder (Acute & Chronic) Chapter, Magnetic resonance imaging (MRI).

Decision rationale: The patient presents with LEFT shoulder pain and neck pain on the LEFT side rated 5-6/10. The request is for LEFT SHOULDER MRI. The request for authorization is not provided. Radiographs of the LEFT shoulder, date unspecified, showed to be normal. Physical examination of the LEFT shoulder reveals tenderness to palpation over the subacromial region, acromioclavicular joint, supraspinatus tendon, anterior capsule and posterior musculature. Acromioclavicular joint crepitus is present. Codman's Drop Arm, Impingement and Cross Arm tests are positive. Patient's medications include Voltaren XR and Neurontin. Per progress report dated 04/06/15, the patient is returned to modified work. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Magnetic resonance imaging (MRI) states: "Indications for imaging -- Magnetic resonance imaging (MRI):- Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs- Sub acute shoulder pain, suspect instability/labral tear- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" Treater has not provided reason for the request. Review of medical records, it does not appear that the patient has had a MRI performed to date. Given the patient's LEFT shoulder pain and diagnosis, imaging to explain the underlying pathology appears reasonable. However, a diagnostic ultrasound of the LEFT shoulder has recently been requested and authorized. Although either MRI or U/S can equally be used for detection of full thickness, rotator cuff tears, U/S may be better at picking up partial tears. Furthermore, the treater does not explain why both MRI and U/S are required. Therefore, the request IS NOT medically necessary.