

Case Number:	CM13-0007004		
Date Assigned:	08/23/2013	Date of Injury:	11/20/2008
Decision Date:	01/10/2014	UR Denial Date:	07/26/2013
Priority:	Standard	Application Received:	08/05/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and Cardiology and is licensed to practice in Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 60-year-old female with a reported date of injury on 11/20/2008. The patient had left shoulder pain, pain in the left wrist with a palpable lump at the volar radial aspect, tenderness at the left acromioclavicular joint and palpable tenderness in the left elbow. The patient's left elbow pain had subsided for the most part except the palpable tenderness. The patient carried diagnoses of status post shoulder rotator cuff repair, status post left wrist carpal tunnel release, and status post left MF trigger release. The treatment plan consisted of physical therapy for the left arm, acupuncture for the left arm, a Functional Capacity Evaluation, computerized range of motion, a urine drug test, and a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, left arm: Upheld

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

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

Decision rationale: The patient presented with 3/10 left shoulder pain, 3/10 to 4/10 pain in the left wrist with a palpable lump at the volar radial aspect, and palpable tenderness in the left

elbow. The patient had 5/5 strength in the upper extremities. The patient's grip strength was assessed with a Jamar dynamometer and was noted to be 13, 13, and 12 kg per force on the right and 16 kg per force on the left. The patient had a history of left shoulder rotator cuff repair in 2009 as well as left middle finger trigger release in 2010. It was noted that the patient was experiencing an acute exacerbation of symptoms as a result of working full duty. The Official Disability Guidelines recommend physical medicine treatment should be an option when there is evidence of a musculoskeletal or neurologic condition that is associated with functional limitations and likely to respond to skilled physical medicine treatment. The California MTUS Guidelines recommend 8-10 sessions of physical therapy over 4-8 weeks for chronic conditions. Within the provided documentation, the requesting physician did not include an adequate complete assessment of the patient's objective functional condition in order to demonstrate the patient's need for physical therapy at this time. Additionally, the request did not include a number of sessions being requested.

Acupuncture, left arm: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient presented with 3/10 left shoulder pain, 3/10 to 4/10 pain in the left wrist with a palpable lump at the volar radial aspect, and palpable tenderness in the left elbow. The patient had 5/5 strength in the upper extremities, mild tenderness at the left acromioclavicular joint, and pain to palpation of the left wrist structures. The patient's grip strength was assessed with a Jamar dynamometer and was noted to be 13, 13, and 12 kg per force on the right and 16 kg per force on the left. The patient had a history of left shoulder rotator cuff repair in 2009 as well as left middle finger trigger release in 2010. It was noted that the patient was experiencing an acute exacerbation of symptoms as a result of working full duty. The California MTUS guidelines recommend "acupuncture" is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. Within the provided documentation, it was unclear if the patient's pain medication was reduced or not tolerated. The requesting physician did not include an adequate complete assessment of the patient's objective functional condition in order to demonstrate functional deficits that would need to be addressed with the use of acupuncture therapy. Additionally, the number of sessions of acupuncture therapy being requested was not included in the request.

Functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints Page(s): 48-49,181-185,308-120.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 78-79.

Decision rationale: The patient presented with 3/10 left shoulder pain, 3/10 to 4/10 pain in the left wrist with a palpable lump at the volar radial aspect, and palpable tenderness in the left elbow. The patient had 5/5 strength in the upper extremities. The patient's grip strength was assessed with a Jamar dynamometer and was noted to be 13, 13, and 12 kg per force on the right and 16 kg per force on the left. The patient had a history of left shoulder rotator cuff repair in 2009 as well as left middle finger trigger release in 2010. It was noted that the patient was experiencing an acute exacerbation of symptoms as a result of working full duty. The Official Disability Guidelines note if a worker is actively participating in determining the suitability of a particular job, the functional capacity evaluation is more likely to be successful. A functional capacity evaluation is not as effective when the referral is less collaborative and more directive. Job specific functional capacity evaluations are more helpful than general assessments. ACOEM recommends the use of a functional capacity evaluation to obtain a more precise delineation of patient capabilities than is available from routine physical examination and notes, under some circumstances; this can best be done by ordering a functional capacity evaluation of the patient. Within the provided documentation, the requesting physician's rationale for the request was unclear. It was unclear within the provided documentation if there was a need to obtain a more precise delineation of patient capabilities than is available from routine physical examination.

Computerized range of motion: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, ODG Treatment in Workers' Compensation, 7th Edition, current year (2009) on-Line Low Back Chapter (Updated 8/21/12), Flexibility..

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) low back..

Decision rationale: The patient presented with 3/10 left shoulder pain, 3/10 to 4/10 pain in the left wrist with a palpable lump at the volar radial aspect, and palpable tenderness in the left elbow. The patient had 5/5 strength in the upper extremities. The patient's grip strength was assessed with a Jamar dynamometer and was noted to be 13, 13, and 12 kg per force on the right and 16 kg per force on the left. It was noted that the patient was experiencing an acute exacerbation of symptoms as a result of working full duty. The Official Disability Guidelines note The AMA Guides to the Evaluation of Permanent Impairment, 5th edition, and state, "an inclinometer is the preferred device for obtaining accurate, reproducible measurements in a simple, practical and inexpensive way" (p 400). They do not recommend computerized measures of lumbar spine range of motion which can be done with inclinometers, and where the result (range of motion) is of unclear therapeutic value. The guidelines do not recommend computerized measures of range of motion which can be done with inclinometers and where the result is of unclear therapeutic value. Additionally, within the provided documentation, the requesting physician's rationale for the request is unclear.

Urine drug test: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

Decision rationale: The patient presented with 3/10 left shoulder pain, 3/10 to 4/10 pain in the left wrist with a palpable lump at the volar radial aspect, and palpable tenderness in the left elbow. The patient had 5/5 strength in the upper extremities. The patient's grip strength was assessed with a Jamar dynamometer and was noted to be 13, 13, and 12 kg per force on the right and 16 kg per force on the left. The California MTUS guidelines note drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. The guidelines also recommend the use of urine drug screening to assess the patient's compliance with the full medication regimen. Within the provided documentation, the requesting physician's rationale for the request was unclear. Additionally, it was unclear when the patient's last urine drug screen was administered in order to assess whether the frequency of the request was consistent with guideline recommendations.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Pain-TENS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114.

Decision rationale: The patient presented with 3/10 left shoulder pain, 3/10 to 4/10 pain in the left wrist with a palpable lump at the volar radial aspect, and palpable tenderness in the left elbow. The patient had 5/5 strength in the upper extremities, mild tenderness at the left acromioclavicular joint, and pain to palpation of the left wrist structures. The patient's grip strength was assessed with a Jamar dynamometer and was noted to be 13, 13, and 12 kg per force on the right and 16 kg per force on the left. The patient had a history of left shoulder rotator cuff repair in 2009 as well as left middle finger trigger release in 2010. It was noted that the patient was experiencing an acute exacerbation of symptoms as a result of working full duty. The California MTUS guidelines note the use of TENS is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration for patients with; neuropathic pain, CRPS II, CRPS I, spasticity, and/or multiple sclerosis. Within the provided documentation, it was unclear if the patient had undergone a 1 month home-based TENS trial in conjunction with a program of evidence based functional restoration. Per the provided documentation, it did not appear the patient had a diagnosis that would correlate with the suggested diagnoses and the guidelines. Additionally, the requesting physician's rationale for the request was unclear within the provided documentation.

