

<b>Case Number:</b>	CM13-0019652		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	05/18/2012
<b>Decision Date:</b>	02/06/2014	<b>UR Denial Date:</b>	08/14/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and 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 38-year-old male who reported an injury on 05/18/2012. The patient is diagnosed with a lumbar spine musculoligamentous sprain and strain with radiculitis; lumbar spine disc protrusion; left shoulder sprain and strain, rule out left shoulder internal derangement and impingement syndrome; right thigh contusion, rule out hamstring tear; left knee sprain and strain; ACL tear; depression; and sleep disturbance. The patient was seen by [REDACTED] on 07/10/2013. The physical examination revealed tenderness to palpation with spasm over the paraspinal lumbar muscles with restricted range of motion and positive straight leg raising bilaterally; tenderness to palpation with restricted range of motion and positive impingement testing in the left shoulder; tenderness to palpation with restricted range of motion and positive McMurray testing in the left knee; and no changes to the neurocirculatory examination. Treatment recommendations included continuation of physical therapy to the lumbar spine, left shoulder, and left knee twice per week for 4 weeks; authorization for extracorporeal shockwave treatment for the left knee; a urine toxicology screen; and continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **4 extracorporeal shockwave therapy sessions for the left knee: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation the Work Loss Data Institute guidelines. Knee & leg (acute & chronic). Encinitas (CA): Work Loss Data Institute; 2011. Various pages

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 337.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS/ACOEM Practice Guidelines state physical modalities have no scientifically proven efficacy in treating acute knee symptoms. Official Disability Guidelines state extracorporeal shockwave therapy is currently under study for patellar tendinopathy and for long bone hypertrophic nonunions. As per the clinical notes submitted, the patient does have a history of chronic knee pain due to ACL tear and lateral and medial meniscal tear. However, extracorporeal shockwave therapy is currently under study and not specifically recommended for treatment of the knee. Therefore, the current request is non-certified.

**Additional physical therapy (8):** 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 Page(s): 98-99.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines state active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the clinical note dated 07/10/2013, the patient was to continue with physical therapy. Documentation of the previous course of treatment with duration and efficacy was not provided. Without evidence of a significant functional improvement following the initial course of therapy, continuation of treatment cannot be determined as medically appropriate. Therefore, the request is non-certified.

**1 Rx of Medrox, 120 grams:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized control trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Capsaicin is recommended only as an option in patients who have not responded or are intolerant to other treatments, and as indicated for osteoarthritis, fibromyalgia, and chronic nonspecific back pain. There is no indication that this patient has failed to respond to first-line oral medications prior to the initiation of a topical

analgesic. Furthermore, California MTUS Guidelines state any compounded product that contains at least 1 drug that is not recommended, is not recommended as a whole. Therefore, the current request is non-certified.

**1 urine drug screen:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing.

**Decision rationale:** The Physician Reviewer's decision rationale: California MTUS Guidelines state drug testing is recommended as an option when using a urine drug screen to assess for the use or presence of illegal drugs. Official Disability Guidelines state the frequency of urine drug testing is based on documented evidence of risk stratification, including the use of a testing instrument. Patients at low risk of addiction or aberrant behavior should be tested within 6 months of initiation of therapy and on a yearly basis thereafter. As per the clinical notes submitted, the patient's injury was over a year ago to date, and there is no indication of noncompliance or misuse of medication. There is no evidence that this patient falls under a high-risk category that would require frequent monitoring. Therefore, the request is non-certified.