

<b>Case Number:</b>	CM13-0028674		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	11/30/2011
<b>Decision Date:</b>	02/10/2014	<b>UR Denial Date:</b>	09/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2013

### 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 Occupational Medicine and is licensed to practice in California. 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with industrial injury of November 30, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation, topical compounds; prior epidural steroid injections; unspecified amounts of manipulative therapy, acupuncture, and physical therapy; and extensive periods of time off of work. The applicant reportedly ceased work on January 10, 2012. She has alleged pain secondary to cumulative trauma. She is now State Disability Insurance (SDI); it was suggested on a medicolegal evaluation of July 31, 2012. In a utilization review report of September 18, 2013, the claims administrator denied the request for chiropractic manipulative therapy, acupuncture, various topical compounds, and a functional capacity evaluation. The applicant's attorney later appealed. In a progress note of February 27, 2013, it is stated that the applicant is undergoing acupuncture and manipulative therapy while remaining off of work. A subsequent progress note of June 24, 2013 is a doctor's first report with a new attending provider, in which the applicant reports multifocal neck, shoulder, mid-back pain with associated tenderness to touch. An FCE, additional physical therapy, topical compounds, manipulative therapy, MRI imaging, acupuncture, and a functional capacity evaluation are sought while the applicant remains off of work, on total temporary disability.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment 1-2 times per week for 2 weeks then 1 treatment per week for the next 6 weeks, for the left knee and right shoulder:** 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 Manual therapy & manipulation Page(s): 58.

**Decision rationale:** As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, manipulation is "not recommended" for the knee, one of the body parts which is being sought here. The MTUS-Adopted ACOEM Guidelines in chapter 9 note that the period of treatment for manipulative therapy should be limited to a few weeks as results diminish with time. In this case, the applicant has had prior unspecified amounts of manipulative therapy over the life of the claim, including that ordered by a prior treating provider in February 2013. There is no evidence of functional improvement following completion of the same which would justify additional treatment. The fact that the applicant remains off of work, on total temporary disability, and remains highly reliant on various oral and topical agents implies the lack of functional improvement as defined in MTUS 9792.20f. Therefore, the request is not certified.

**Acupuncture treatment 1-3 times per week for 1-2 months, for the left knee and right shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** As noted previously, the applicant did obtain previous acupuncture in February 2013 in unspecified amounts. As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, there is no evidence of functional improvement as defined in section 9792.20f. The fact that the applicant remains off of work, on total temporary disability and remains highly reliant on various oral and topical medications implies the lack of functional improvement as defined in section 9792.20f. Therefore, the request is not certified.

**1 functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Page(s): 137-138, Chronic Pain Treatment Guidelines Work conditioning, work hardening Page(s): 125.

**Decision rationale:** As noted on page 125 of the MTUS Chronic Pain Medical Treatment Guidelines, FCEs can be used as a precursor to enrolment in work conditioning or work

hardening program. In this case, however, there is no indication that the applicant is intent on enrolling in a work conditioning or work hardening program. It is further noted that ACOEM Guidelines in chapter 7 note that FCEs are overly used, widely promoted, and are not necessarily an accurate representation or characterization of what an applicant can or cannot do in the workplace. Therefore, the request is not certified.

**240 gram compound of Capsaicin 0.25%, Flutipofen 30%, and Methyl Salicylate 4%:**  
Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in chapter 3, oral pharmaceuticals are a first-line palliative method. In this case, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of topical agents or topical compounds which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines "not recommended." Therefore, the request is not certified.

**240 gram compound of Flurbiprofen 20% and tramadol 20%:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 47.

**Decision rationale:** As noted on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, topical analgesics are "largely experimental," to be used only for neuropathic pain when trials of antidepressants and/or anticonvulsants have failed. In this case, however, there is no evidence that the applicant in fact carries a diagnosis of neuropathic pain, nor is there evidence that trials of antidepressants and/or anticonvulsants have failed. Therefore, the request remains non-certified, on independent medical review

**30 Medrox patches:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** As with the other topical compounds, there is no evidence of intolerance to and/or failure of first-line oral pharmaceuticals so as to justify usage of what are deemed "largely

experimental" topical analgesics, as suggested on page 111 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request remains non-certified, on independent medical review.

**MRI of the left knee:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

**Decision rationale:** As noted in the MTUS-Adopted ACOEM Guidelines in chapter 13 table 13-5, MRI imaging is scored a 4/4 in its ability to identify and define suspected meniscal and ligamentous tears. In this case, however, the documentation on file is sparse, handwritten, and not entirely legible. There is no indication or evidence that the applicant in fact carries a diagnosis or suspected diagnosis of meniscal tear or ligamentous tear for which MRI imaging would be indicated. Therefore, the request is not certified, on independent medical review.