

Case Number:	CM13-0034052		
Date Assigned:	12/06/2013	Date of Injury:	02/19/2012
Decision Date:	01/31/2014	UR Denial Date:	09/09/2013
Priority:	Standard	Application Received:	10/11/2013

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 Orthopedic Surgery and Hand Surgery 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.

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 28-year-old male who reported an injury on 02/19/2012. The patient is currently diagnosed with partial tear of the rotator cuff and anxiety with depression. The patient was seen by [REDACTED] on 10/05/2013. Physical exam revealed positive Neer testing on the left, tenderness to palpation over the left shoulder, and grade 4 weaknesses. Treatment recommendations included chiropractic treatment, acupuncture treatment, a urine toxicology screen, an orthopedic consultation, 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:

Chiropractic/Physical Therapy Treatment L-Shoulder QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2009, Pan-Manual therapy & manipulation per CMTUS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

Decision rationale: California MTUS Guidelines states manual therapy and manipulation are recommended for chronic pain if caused by a musculoskeletal condition. Treatment for the forearm, wrist, and hand is not recommended. As per the clinical notes submitted, the patient has previously participated in chiropractic treatment. Documentation of the previous course of therapy with treatment duration and efficacy was not provided for review. Based on the clinical information received and the California MTUS Guidelines, the request is non-certified.

Acupuncture Treatment L-Shoulder QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines Chapter Headings

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state functional improvement for acupuncture treatment includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. As per the clinical notes submitted, the patient has previously participated in acupuncture treatment. Documentation of the previous course of therapy with treatment duration and efficacy was not provided for review. Therefore, ongoing treatment cannot be determined as medically appropriate. As such, the request is non-certified.

Psychological Consultation QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), Occupational Medical Practice Guidelines, Second Edition, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: California MTUS Guidelines state psychological evaluations are recommended. Psychological evaluations are generally accepted procedures not only with selective use in pain problems, but also with more widespread use in chronic pain populations. Psychosocial evaluations should determine if further psychosocial interventions are indicated. There is insufficient objective evidence provided to establish the medical necessity for this request. Therefore, the current request is non-certified.

Extracorporeal Shockwave Therapy L-shoulder QTY:: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 5th Edition, 2007, Shoulder-Extra-corporeal shock wave therapy

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Extracorporeal shock wave therapy (ESWT)

Decision rationale: Official Disability Guidelines state extracorporeal shockwave therapy is indicated for patients whose pain is caused by calcifying tendinitis of the shoulder and has remained despite 6 months of standard treatment. At least 3 conservative treatments should have

been performed prior to the use of ESWT, to include rest, ice, NSAIDS, orthotics, physical therapy, and cortisone injections. As per the clinical notes submitted, there is no documentation of a failure to respond to previous conservative treatment. The patient does not maintain a diagnosis of calcifying tendinitis of the shoulder. Based on the clinical information received and the Official Disability Guidelines, the request is non-certified.

Platelet Rich Plasma Injection, L- Shoulder QTY: 1: 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 Worker's Compensation, 7th Edition, current year (2009) On-Line Elbow Chapter (Updated 12/19/12)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Platelet-rich plasma (PRP)

Decision rationale: Official Disability Guidelines state platelet-rich plasma is currently under study. California MTUS/ACOEM Practice Guidelines state invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of a local anesthetic and a corticosteroid preparation may be indicated after conservative therapy for 2 to 3 weeks. The medical necessity has not been established. Based on the clinical information received and the lack of evidence-based guidelines to support the use of this treatment for the shoulder, the request is non-certified.

DME Purchase- Vidal Wrap, L shoulder QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Durable Medical Equipment (DME)

Decision rationale: Official Disability Guidelines state durable medical equipment is recommended generally if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment. There is no peer reviewed literature to support the use of this durable medical equipment in this case. The medical necessity has not been established. As such, the request is non-certified.

Ortho Consultation L-shoulder QTY: 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Chapter 7, page 127

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 89-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Office Visits

Decision rationale: California MTUS Guidelines state referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or an agreement to a treatment plan. As per the clinical notes submitted, the patient's injury was over 1 year ago, and it is unlikely that an orthopedic consultation has not already been accomplished. This would be a duplication of services, and the medical necessity has not been established. As such, the request is non-certified.

Lab: UA QTY: 1: 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, updated 01/20/12, Urine Drug Test

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43, 77, and 89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Urine Drug Testing

Decision rationale: California MTUS Guidelines state drug testing is recommended as an option 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 should be based on documented evidence or 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. There is no documentation of noncompliance or misuse of medication. There is also no evidence that this patient falls under a high-risk category that would require frequent monitoring. As such, the request is non-certified.

Diagnostic Test- EMG, Left Upper Extremity QTY: 1: 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): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back Chapter, Electromyography

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. While cervical

electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy or any problem other than a cervical radiculopathy. As per the clinical notes submitted, there is no documentation of a significant neurologic deficit with regard to the upper extremities that may warrant the need for electrodiagnostic testing. The medical necessity for the requested service has not been established. As such, the request is non-certified.

Diagnostic Test- NCV, Left Upper Extremity QTY: 1: 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): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper back Chapter, Nerve Conduction Study

Decision rationale: California MTUS/ACOEM Practice Guidelines state electromyography and nerve conduction velocities may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms lasting more than 3 or 4 weeks. Official Disability Guidelines state nerve conduction studies are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs. While cervical electrodiagnostic studies are not necessary to demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy or any problem other than a cervical radiculopathy. As per the clinical notes submitted, there is no documentation of a significant neurologic deficit with regard to upper extremities that may warrant the need for electrodiagnostic testing. The medical necessity for the requested service has not been established. As such, the request is non-certified.