

<b>Case Number:</b>	CM13-0044327		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	09/22/2009
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	10/10/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/29/2013

### 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. The expert reviewer is Board Certified in Orthopedic Surgery 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 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/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:

Patient is a 54-year-old female who has submitted a claim for cervical intervertebral disc displacement without myelopathy, lateral epicondylitis, hand osteoarthritis, knee osteoarthritis, glenoid labrum detachment, tear of medial cartilage / meniscus of knee, and loose body in elbow joint associated with an industrial injury date of 09/22/2009. Medical records from 2012 to 2013 were reviewed. Patient complained of worsening pain at the left arm, forearm, shoulder, and neck of moderate to severe intensity. Patient denied numbness, tingling sensation, or instability. Popping sensation was noted at the left elbow. Aggravating factors included carrying, pushing / pulling, grasping, and squeezing. Patient's height is 5'4", weighs 268 pounds, with body mass index of 46 kg/m<sup>2</sup>. Physical examination revealed tenderness at the cervical spine and right shoulder. Left shoulder showed limited range of motion, weakness, positive SLAP test, positive Hawkin's test, and positive impingement test. Range of motion of the elbow was from zero to 125 degrees. Forearm pronation and supination were both measured at 90 degrees. Right knee range of motion was measured at 10 to 95 degrees; left knee from zero to 95 degrees. Left upper extremity reflexes were brisk. MRI of the left elbow, dated 03/22/2013, showed that evaluation was fairly limited due to patient's size, magnet field strength and motion artifact. A small joint effusion was present. There may be a small focus of subchondral edema in the radial head but no fracture was noted. No definite ligamentous or tendinous injury was seen. MRI of the left shoulder, dated 03/22/2013, revealed partial thickness tear of the leading edge of supraspinatus tendon. Evaluation was fairly limited by motion artifact. Treatment to date has included left total knee replacement in 2012, left shoulder cortisone injection, physical therapy, weight loss program, and medications such as tramadol and meloxicam. Previous utilization review from 10/10/2013 was not made available for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **MELOXICAM 15MG #30 WITH 2 REFILLS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22,61.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 46.

**Decision rationale:** As stated on page 46 of the California MTUS Chronic Pain Medical Treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and that there is no evidence of long-term effectiveness for pain or function. In this case, patient has been on meloxicam since May 2013 for pain at multiple body parts. However, progress report from 09/25/2013 showed that patient noted stomach upset from its use. There was no discussion concerning management response of providing an alternative medication to minimize adverse effects. Moreover, long-term NSAID use is not recommended. Therefore, the request for Meloxicam 15mg #30 With 2 Refills is not medically necessary.

### **MRI OF THE LEFT ELBOW:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 42-43.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Section, Magnetic Resonance Imaging.

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. It states that MRI may provide important diagnostic information for evaluating the elbow in many different conditions, including: collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, and abnormality of the ulnar, radial, or median nerve. Chronic elbow pain suspected of chronic epicondylitis is an indication for MRI. In this case, the documented rationale is because previous MRI was a low quality scan that did not provide adequate results. MRI from 03/22/2013 showed that evaluation was fairly limited due to patient's size, magnet field strength and motion artifact. The most recent progress reports showed that patient complained of worsening left elbow pain associated with popping sensation despite physical therapy and intake of medications. The medical necessity for a repeat MRI has been established. Therefore, the request for MRI of the left elbow is medically necessary.

### **LEFT SHOULDER ARTHROSCOPY:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209-211. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Section, Diagnostic Arthroscopy.

**Decision rationale:** CA MTUS ACOEM Practice Guidelines Chapter 9 supports surgical intervention for patients who have: (1) red flag conditions; (2) activity limitation for more than four months, plus existence of a surgical lesion; (3) failure to increase range of motion and strength of the musculature around the shoulder even after exercise programs, plus existence of a surgical lesion; (4) clear clinical and imaging evidence of a lesion that has been shown to benefit, in both the short and long-term, from surgical repair. In addition, ODG states that diagnostic arthroscopy should be limited to cases where imaging is inconclusive and acute pain or functional limitation continues despite conservative care. In this case, patient complained of worsening pain at the left shoulder of moderate to severe intensity. Physical examination revealed limited range of motion, weakness, positive SLAP test, positive Hawkin's test, and positive impingement test. MRI of the left shoulder, dated 03/22/2013, revealed partial thickness tear of the leading edge of supraspinatus tendon. However, progress report from 9/25/2013 cited that MRI of cervical spine should be accomplished prior to proceeding with left shoulder arthroscopy to rule out cervical involvement as a possible source of pain radiating to the left shoulder. Medical records submitted for review failed to include results of MRI of cervical spine. The medical necessity was not established due to insufficient information. Therefore, the request for Left Shoulder Arthroscopy is not medically necessary.

**PHYSICAL/AQUATIC THERAPY FOR THE NECK, LEFT ARM AND KNEES (3 TIMES PER WEEK FOR 4 WEEKS):** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

**Decision rationale:** As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient previously underwent 22 sessions of physical therapy with functional improvement noted after. However, patient still complained of pain aggravated by carrying objects, pushing, and pulling. Patient's body mass index is 46 kg/m<sup>2</sup>. Enrollment to aquatic therapy is a reasonable option at this time. Therefore, the request for Physical/Aquatic Therapy for the Neck, Left Arm and Knees (3 Times Per Week For 4 Weeks) is medically necessary.

**POOL MEMBERSHIP FOR 3 MONTHS FOR SELF DIRECTED AQUATIC THERAPY:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99, 22.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22-23.

**Decision rationale:** As stated on pages 22-23 of the California MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an alternative to land-based physical therapy where reduced weight bearing is desirable such as extreme obesity or fractures of the lower extremity. In this case, patient previously underwent 22 sessions of physical therapy with functional improvement noted after. Patient's body mass index is 46 kg/m<sup>2</sup>; hence, water-based therapy is a reasonable option. However, the related request for aquatic therapy for 12 visits has been certified already. There is no compelling indication for a simultaneous pool membership at this time. Therefore, the request for Pool Membership for 3 Months for Self Directed Aquatic Therapy is not medically necessary.