

Case Number:	CM13-0053571		
Date Assigned:	04/09/2014	Date of Injury:	04/03/2006
Decision Date:	05/09/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/18/2013

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 Physical Medicine Rehabilitation, has a subspecialty in Interventional Spine 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:

This is a 71 year-old male with a 1/1/05 industrial injury claim. He has been diagnosed with cervical spine strain/sprain and bilateral shoulder rotator cuff injury. According to the 10/16/13 report from [REDACTED], the patient presents with neck and left shoulder pain that radiates down the left arm. "Meds & Physical therapy are helpful". On exam, the cervical paraspinals were tender, and the left shoulder had well-healed arthroscopic portals. There was Acromioclavicular joint tenderness, and positive Neers, Hawkins. The check-box treatment plan was for chiropractic care 2x6; acupuncture 2x6, Magnetic resonance imaging (MRI) left shoulder and lumbar spine; Extracorporeal Shockwave Therapy; DNA testing; Voltage-Actuated Sensory Nerve Conduction Threshold; and compounded topicals. UR recommended against these on 10/30/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Shockwave therapy bilateral shoulders: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: According to the 10/16/13 report from [REDACTED], the patient presents with neck and left shoulder pain that radiates down the left arm. I have been asked to review for an incomplete prescription of shockwave therapy for both shoulders. The request did not include the total number of sessions requested, or duration or frequency. The diagnoses included bilateral shoulder rotator cuff injury. American College of Occupational Medicine (ACOEM) states shockwave therapy may be used for calcifying tendinitis in the shoulders. The 10/16/13 report does not discuss calcifying tendinitis, and this was not identified in the 10/16/13 left shoulder magnetic resonance imaging (MRI). There were no subjective complaints for the right shoulder. California Medical Treatment Utilization Schedule (MTUS) and ACOEM states shockwave therapy is for calcific tendonitis of the shoulder, which this patient was not shown to have. Official Disability Guidelines (ODG) guidelines state the maximum shockwave therapy is 3 sessions over 3 weeks. The incomplete prescription did not include total number of sessions, or duration or frequency to compare to the ODG guidelines. The 10/16/13 report did not mention the patient having any right-sided shoulder symptoms, and there was no rationale provided for shockwave therapy on an asymptomatic shoulder. The request is not in accordance with MTUS/ACOEM guidelines, and the incomplete prescription without duration and frequency, cannot be verified to be in accordance with the ODG recommended duration and frequency.

MRI of left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: According to the 10/16/13 report from [REDACTED], the patient presents with neck and left shoulder pain that radiates down the left arm. California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational Medicine (ACOEM) guidelines discuss shoulder magnetic resonance imaging, but not repeat Magnetic resonance imaging (MRI). Official Disability Guidelines (ODG) guidelines were consulted. ODG guidelines state: "Repeat magnetic resonance imaging is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" There did not appear to be any mention of any change in shoulder symptoms since the surgery in 2007. The request for repeat routine shoulder MRI without documentation of significant change in symptoms is not in accordance with ACOEM or ODG guidelines.

DNA testing: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation THE OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: According to the 10/16/13 report from [REDACTED], the patient presents with neck and left shoulder pain that radiates down the left arm. Deoxyribonucleic acid testing was requested without a rationale. The patient was not reported to be taking any opioid medication. California Medical Treatment Utilization Schedule (MTUS) and the American College of Occupational (ACOEM) did not discuss DNA testing, so Official Disability Guidelines (ODG) guidelines were consulted. ODG specifically states DNA testing for potential opioid abuse is not recommended. The request is not in accordance with ODG guidelines.

Capsaicin 0.25% 240g, Flurbiprofen 20%, Tramadol 15%, Menthol 2%, Camphor 240g:
Upheld

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

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

Decision rationale: According to the 10/16/13 report from [REDACTED], the patient presents with neck and left shoulder pain that radiates down the left arm. I have been asked to review for a compounded topical that contains capsaicin, flurbiprofen, tramadol, menthol and camphor. On page 111, under topical analgesics, California Medical Treatment Utilization Schedule (MTUS) gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound contains the Nonsteroidal anti-inflammatory drugs (NSAID) flurbiprofen. MTUS for topical NSAIDs states these are only for joints amenable to topical treatment, and specifically not recommended for the spine, shoulders and hips. Topical flurbiprofen would not be indicated for the cervical spine and left shoulder condition reported on the 10/16/13 report. Since flurbiprofen is not recommended, the whole compounded product that contains flurbiprofen is not recommended.

Physical therapy twice a week for six weeks for the bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: According to the 10/16/13 report from [REDACTED], the patient presents with neck and left shoulder pain that radiates down the left arm. [REDACTED] requested 12 sessions of chiropractic care, and acupuncture, but I have been asked to review for 12 sessions of physical therapy. California Medical Treatment Guidelines (MTUS) guidelines recommend 8-10

sessions of physical therapy for various myalgias and neuralgias. The request for Physical therapy 2x6 will exceed the MTUS recommendations.

Acupuncture twice a week for six weeks for the bilateral shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the 10/16/13 report from [REDACTED], the patient presents with neck and left shoulder pain that radiates down the left arm. I have been asked to review for acupuncture 2x6. The California Medical Treatment Guidelines (MTUS) Acupuncture Treatment Guidelines, state that if acupuncture is going to work, there should be some documentation of functional improvement in the initial 3-6 sessions. The guidelines state that with documented functional improvement, these sessions can be extended. The request for acupuncture 2x6 will exceed the MTUS/Acupuncture initial recommendation of 6 sessions, necessary to document functional improvement.

Ketoprofen 20%, Tramadol 20% 240g: Upheld

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

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

Decision rationale: According to the 10/16/13 report from [REDACTED], the patient presents with neck and left shoulder pain that radiates down the left arm. I have been asked to review for a compounded topical that contains ketoprofen and tramadol. On page 111, under topical analgesics, California Medical Treatment Guidelines (MTUS) gives a general statement about compounded products: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The compound contains topical ketoprofen. California MTUS specifically states the Food and Drug Administration (FDA) has not approved ketoprofen for topical applications. Since ketoprofen is not recommended, the whole compounded product that contains ketoprofen is not recommended.

VOLTAGE ACUTED SENSORY NEVER CONDUCTED TO THE BILATERAL UPPER EXTREMITIES: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG)

Decision rationale: According to the 10/16/13 report from [REDACTED], the patient presents with neck and left shoulder pain that radiates down the left arm. I have been asked to review for Voltage-Actuated Sensory Nerve Conduction Threshold. The Official Disability Guidelines (ODG) specifically states these are not-recommended. Official Disability Guidelines (ODG) states: "content management system concludes that the use of any type of somatic-cell nuclear transfer device, including "current output" type device used to perform current perception threshold (CPT), pain perception threshold (PPT), or pain tolerance threshold (PTT) testing or "voltage input" type device used for voltage-nerve conduction threshold (v-NCT) testing, to diagnose sensory neuropathies or radiculopathies is not reasonable and necessary." The request is not in accordance with ODG guidelines.