

<b>Case Number:</b>	CM13-0072347		
<b>Date Assigned:</b>	01/08/2014	<b>Date of Injury:</b>	05/09/2013
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/30/2013

### 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 Family Medicine, has a subspecialty in Nutrition and is licensed to practice in New Jersey. 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:

The worker is a 37 year old male who injured his left shoulder on 5/9/13, which was later diagnosed as a shoulder sprain/strain with bicipital tenosynovitis. MRI done on 7/25/13 showed tendinopathy or partial thickness tear in the superficial fibers of the superior aspect of the subscapularis tendon. The worker complained of pain for months following with pain rated 4-6/10 on average in the left shoulder related to this injury and was treated with physical therapy, NSAIDs, opioids, muscle relaxants, and platelet rich plasma injection. The worker admitted to having numbness and tingling in the left upper extremity occasionally. He was recommended modified duty for work although his pain remained around 5/10. He later was diagnosed with mild carpal tunnel syndrome and cubital tunnel syndrome of his left arm. He had a flare-up of his left shoulder pain (6-7/10 rating) which was reported to his treating physician on 9/13/13 which was treated with one last round of physical therapy, which if he didn't respond, he would be considered a surgical candidate. His pain levels remained the same and was still functionally limited according to the physical therapy notes provided. The worker had returned to work without restrictions on 10/18/13. On 11/25/13, the worker complained of worsening pain in his left shoulder from lifting boxes that was worse than previous reports (7/10 rating) diagnosed as a left shoulder and thoracic sprain/strain, and his treating physician recommended acupuncture, TENS unit, capsaicin/flurbiprofen/tramadol/menthol/camphor compounded topical treatment, compounded cyclobenzaprine/flurbiprofen, DNA testing, neuro diagnostic upper extremity (VSNCT), and toxicology testing. Also a functional capacity evaluation, MRI shoulder, and X-ray shoulder, as well as more physical therapy was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**FUNCTIONAL CAPACITY EVALUATION: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS ACOEM Occupational Medicine Practice Guidelines, 2nd Edition, 2004, Page 137-138.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 12,21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty section, Functional Capacity Evaluation (FCE).

**Decision rationale:** The California MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at MMI with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance, or if the worker has returned to work and an ergonomic assessment has not been arranged. In the case of this worker, the treating physician did not provide, as seen from the documents provided, any detailed request for an FCE which would qualify the worker for this. Therefore, without required reasoning and documentation the functional capacity evaluation is not medically necessary.

**COMPOUND CAPSAICIN (0.025%), FLURBIPROFEN (15%), TRAMADOL (15%), MENTHOL (2%), CAMPHOR (2%), 240-GRAMS: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics may be recommended as an option for chronic pain, but are largely experimental in use with few

randomized studies to determine safety or effectiveness. Regarding compounding agents, there is little to no research to support their use, and using them requires the knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required. Specifically Capsaicin is recommended in the California MTUS Guidelines only as an option in patients who have not responded or are intolerant to other treatments. No documentation was seen in the notes provided justifying the need for the use of these compounded topical analgesics saying and why these treatment methods would be used instead of standard therapies for shoulder pain in this worker, therefore their use is not medically necessary.

### **COMPOUND FLURBIPROFEN (25%) AND CYCLOBENZAPRINE (2%): Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines state that topical analgesics may be recommended as an option for chronic pain, but are largely experimental in use with few randomized studies to determine safety or effectiveness. Regarding compounding agents, there is little to no research to support their use, and using them requires the knowledge of the specific analgesic effect of each agent and how it will be useful for the specific therapeutic goal required.. The California MTUS Guidelines also state that muscle relaxants such as Cyclobenzaprine, are not recommended as there is no evidence for their use as a topical product. No documentation was seen in the notes provided justifying the need for the use of these compounded topical analgesics saying and why these treatment methods would be used instead of standard therapies for shoulder pain in this worker, therefore their use is not medically necessary.

### **12 SESSIONS OF PHYSIOTHERAPY: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** Physical therapy in the form of passive therapy for the shoulder is recommended by the California MTUS Guidelines as an option for chronic pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The California MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks, but with the allowance for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The request for physical therapy was done in a setting of worsening of the chronic shoulder pain of the worker who had

done physical therapy in the past, however, the worker, based on the documents provided, did not respond significantly to the supervised physical therapy in the past, and should by now be familiar with what exercises he would be able to do at home without supervision. Therefore, without documentation found in the progress note from the treating physician to justify the supervised physical therapy, the 12 sessions of physiotherapy are not medically necessary.

**MRI OF THE LEFT SHOULDER:** 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 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The California MTUS Guidelines state that special testing such as MRIs for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious shoulder condition. Muscle strains do not warrant special testing. Even in cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, imaging may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for specialized imaging such as MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In the case of this worker, no documentation provided has suggested any of these criteria have been met to justify MRI of his left shoulder, and without documented clarification of need, the MRI of the left shoulder is not medically necessary.

**X-RAY OF THE LEFT SHOULDER:** 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 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The California MTUS Guidelines state that special testing such as x-rays for most patients with shoulder problems are not needed unless a four to six-week period of conservative care and observation fails to improve symptoms and are not recommended earlier than this unless red flags are noted on history or examination that raise suspicion of a serious

shoulder condition. Muscle strains do not warrant special testing. Even in cases of impingement or muscle tears of the shoulder area should be treated conservatively first, and only when considering surgery would testing such as MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, imaging may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for specialized imaging such as x-rays of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In the case of this worker, no documentation provided has suggested any of these criteria have been met to justify x-ray of his left shoulder, and without documented clarification of need, the x-ray of the left shoulder is not medically necessary.

**DNA TESTING:** Upheld

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

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

**Decision rationale:** The California MTUS Guidelines are silent on the topic of DNA testing for the purpose of diagnosing chronic pain. The ODG state that this testing is not recommended and that there is no evidence to support its use currently. Therefore DNA Testing is not medically necessary.

**TOXICOLOGY TESTING:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend that with opioid use the treating physician periodically do a drug or toxicology screening in situations of abuse, addiction, or poor pain control where the dose increases do not decrease pain or increase function. The last notes seen in the records provided suggested that the worker was taking tramadol and ibuprofen to treat his shoulder pain. No documentation was seen in the progress notes provided suggesting the worker fit into any of these categories, and therefore toxicology testing is not medically necessary.

**VOLTAGE-ACTUATED SENSORY NERVE CONDUCTION THRESHOLD (VSNCT) OF THE UPPER EXTREMITY: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

**Decision rationale:** The use of nerve conduction studies for shoulder/upper back/neck pain, according to the ACOEM section of the California MTUS Guidelines, may be considered when the neurologic examination is less than clear, and may help to identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than 3-4 weeks. In this case, the worker did not display, nor did the treating physician document any differences from the worker's existing diagnoses of shoulder sprain/strain with bicipital tenosynovitis, according to the notes provided, to justify the use of these tests, and therefore the voltage-actuated sensory nerve conduction threshold of the upper extremity is not medically necessary.

**ONE (1) TENS/EMS UNIT: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain Page(s): 114-116.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-116.

**Decision rationale:** The California MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the California MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, no documentation was provided based on the criteria above to justify the use of TENS as an adjunct to the worker's current treatment regimen, therefore the TENS/EMS unit is not medically necessary.