

Case Number:	CM14-0002819		
Date Assigned:	01/15/2014	Date of Injury:	05/01/2006
Decision Date:	06/19/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/03/2014

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 and 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:

The patient is a 55-year-old female with a date of injury of 05/01/2006. The listed diagnoses per [REDACTED] are insomnia, hypertension, bilateral shoulder impingement syndrome, arthropathy of the right hand, pain in the joint of the right hand, lumbago and lumbar radiculitis/neuritis. According to report 08/26/2013 by [REDACTED], the patient continues to be symptomatic and recommends home paraffin wax for hands and "complete the schedule of physical therapy visits." On 09/18/2013 [REDACTED] reports, the patient presents with continued neck, bilateral shoulder, right arm, bilateral hand/wrist, low back, and bilateral knee pain. Examination of the shoulder revealed significant pain and limitation to abduction and flexion involving the left shoulder. Examination of the lumbar spine revealed pain to palpation in the lower spine segments at L4-L5 and L5-S1 area particularly on the left side. Straight leg raise is positive on the right. She has positive Kemp's test. Examination of the knee revealed pain to palpation in the medial and posterior aspect of her right knee with pain on passive extension and circumduction involving the right knee suggesting a possible meniscus injury. The treater is requesting 8 physical therapy sessions, shockwave therapy treatments, 8 chiropractic sessions, and 1 urine drug test. Utilization review denied the requests on 12/25/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PHYSICAL THERAPY SESSIONS BETWEEN 12/12/2013 AND 3/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER PHYSICAL MEDICINE GUIDELINES.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98-99.

Decision rationale: This patient presents with neck, bilateral shoulder, right arm, bilateral hand/wrist, low back, and bilateral knee pain. The treating physician is requesting 8 physical therapy sessions. Review of reports from 01/07/2013 to 09/18/2013 does not provide the exact number of physical therapy sessions received to date. Utilization review from 12/25/2013 indicates the patient was "recently certified for 8 physical therapy sessions." The UR further reports the patient "has received physical therapy regularly throughout 2012 and 2013." For physical medicine, the MTUS Guidelines page 98 and 99 recommends 9 to 10 sessions for myalgia and myositis type symptoms. In this case, as the utilization review has documented, the patient was recently certified 8 physical therapy sessions. The treating physician does not provide any discussion as to why additional 8 sessions are being requested. The 8 sessions already certified plus the 8 additional requested, exceeds what is recommended by MTUS. The request is not medically necessary or appropriate.

UNKNOWN SHOCKWAVE THERAPY TREATMENTS BETWEEN 12/12/2013 AND 3/23/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: The MTUS and ACOEM Guidelines do not specifically discuss shockwave therapy treatments. However the Official Disability Guidelines (ODG) states not recommended. The available evidence does not support the efficacy of ultrasound or shockwave for treating LBP, and the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged (SEC, 2011)". Shockwave therapy is not recommended for treating low back pain. For shoulder condition, ODG supports 3 sessions of shockwave therapy over 3 weeks for calcific tendinitis, and considers it equal or superior to surgical intervention. However, all other conservative measures must be tried and failed including therapy, exercises and injections. In this case, because the reports are missing, one cannot tell how many sessions are being requested and there is no discussion as to what the shockwave treatment is to address, low back, non-specific shoulder pain or specifically the calcific tendinitis noted on MRI report. The request is not medically necessary or appropriate.

8 CHIROPRACTIC SESSIONS BETWEEN 12/12/2013 AND 3/23/2014: 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.

Decision rationale: This patient presents with neck, bilateral shoulder, right arm, bilateral hand/wrist, low back, and bilateral knee pain. The treating physician is requesting 8 chiropractic sessions. The MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. In this case, a review of medical reports from 01/07/2013 to 09/18/2013 does not indicate that the patient has trialed chiropractic treatment. A trial of 6 sessions may be indicated for the patient's continued pain. However, the treating physician is requesting 8 visits which exceed what is recommended by MTUS. The request is not medically necessary or appropriate.

1 URINE DRUG TEST BETWEEN 12/12/2013 AND 12/12/2013: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CALIFORNIA CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, CHAPTER SUBSTANCE ABUSE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, DRUG TESTING, 43.

Decision rationale: This patient presents with neck, bilateral shoulder, right arm, bilateral hand/wrist, low back, and bilateral knee pain. The treating physician is requesting a urine drug test. While MTUS Guidelines do not specifically address how frequent urine drug screens should be obtained for various risks of opiate users, ODG Guidelines provide clear recommendation. It recommends once yearly urine drug testing following initial screening with the first 6 months for management of chronic opiate use in low-risk patients. In this case, this patient is not noted to be taking any opioids. Patient's medication regimen includes ibuprofen, Flector patches, and naproxen. Recommendation for the urine drug screen is not recommended as the patient is not taking any opioids. The request is not medically necessary or appropriate.