MAXIMUS Federal Services

Case Number:	CM14-0010165		
Date Assigned:	03/05/2014	Date of Injury:	04/23/2002
Decision Date:	06/30/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/24/2014

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 Rehabiltiation, has a subspecialty in Sports Medicine 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 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 injured worker is a 73-year-old female who reported an injury on 04/23/2003. The mechanism of injury was not provided in the clinical documentation submitted. The clinical note dated 11/02/2013 reported the injured worker to complain of left shoulder pain into the neck and upper back with overhead motion and reaching. The injured worker complained of neck pain, which is constant in both upper extremities. The injured worker had an EMG/NCV on 06/25/2008 indicating bilateral moderate to severe left and severe right carpal tunnel syndrome. The injured worker had underwent an MRI on 06/24/2008 of the right shoulder indicating large, full thickness rotator cuff tear involving supraspinatus and enforced supraspinatus tendon, small portion of facet scapularis tendon was with sprain and deformity of the labrum. On the physical exam, there was tenderness over the rotator cuff region, well healed orthopedic portals, and there was atrophy of the anterior deltoid region. The provider noted range of motion was limited in all directions by 80%. The injured worker has diagnoses of right shoulder impingement with rotator cuff symptomology, cervical spine sprain, lumbar sprain/strain, stomach pain, episodes depression and stress. The provider requested an MRI of the right and left shoulder, LINT treatment for the spine, and shockwave therapy sessions for bilateral shoulders. The Request for Authorization was provided and submitted on 11/22/2013. However, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

MAGNETIC RESONANCE IMAGING (MRI) OF BILATERAL SHOULDER: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 9 SHOULDER COMPLAINTS, PAGES 208-209

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 212-214. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imjaging (MRI)

Decision rationale: The request for magnetic resonance imaging, MRI, of the bilateral shoulders is non-certified. The injured worker complained of left shoulder pain into the neck and upper back with overhead motion and reaching. The injured worker underwent an MRI of the right shoulder on 06/24/2008, which indicated a large full thickness rotator cuff tear involving supraspinatus and infraspinatus tendon, small portion of the subscapularis tendon and fraying and deformity of the labrum. The American College of Occupational and Environmental Medicine does not recommend routine MRI or arthrography, for evaluation without surgical indication. However, the Official Disability Guidelines note MRIs are recommended for acute shoulder trauma, suspected rotator cuff tear/impingement, over the age of 40, no normal plain radiographs. The guidelines note MRI is recommended for sub-acute shoulder pain suspect instability/labral tear. The guidelines also note a repeat MRI is not routinely recommended, and should be reserved for significant change in symptoms and/or findings suggestive of of significant pathology. The injured worker underwent an MRI in 2008. Theres a lack of objective findings supportive of new onset of symptoms indicating the need for a repeat MRI. Therefore, the request for magnetic resonance imaging (MRI) of the bilateral shoulders is not medicallty necessary.

6 EXTRACORPOREAL SHOCKWAVE THERAPY SESSIONS FOR BILATERAL SHOULDERS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, CHAPTER 9 SHOULDER COMPLAINTS, PAGE 203

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

Decision rationale: The request for 6 extracorporeal shockwave therapy sessions for bilateral shoulders is non-certified. The injured worker complained of left shoulder pain into the neck and upper back with overhead motion and reaching. The injured worker complained of neck pain, which is constant in both upper extremities. The Official Disability Guidelines recommend shockwave therapy for calcifying tendonitis but not for other shoulder disorders. The guidelines note injured workers whose pain from calcifying tendonitis of the shoulder has remained despite 6 months of standard treatment. The guidelines note at least 3 conservative treatments had been

performed prior to the use of shockwave therapy, which include rest, ice, NSAIDs, orthotics, physical therapy, and injections. The guidelines also note a maximum of 3 therapy sessions over 3 weeks. There was a lack of objective findings indicating the injured worker to have calcifying tendonitis. There is a lack of documentation indicating the injured worker to have at least 3 conservative treatments to have been performed prior to the request of shockwave therapy. Additionally, the submitted request for 6 shockwave therapies exceeds the guidelines recommendations of a maximum of 3 therapy sessions over 3 weeks. Therefore, the request for extracorporeal shockwave therapy sessions for bilateral shoulders is not medically necessary.

6 LOCALIZED INTENSE NEUROSTIMULATION (LINT) FOR THE SPINE: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Hyper stimulation analgesia

Decision rationale: The decision for 6 localized intense neurostimulation (LINT) for the spine is non-certified. The injured worker complained of left shoulder pain into neck and upper back with overhead motion and reaching. The injured worker complained of neck pain which is constant in both upper extremities. The Official Disability Guidelines do not recommend LINT therapy until there are high quality studies. The guidelines also note initial results are promising but only from 2 new quality studies sponsored by the manufacturer. The guidelines also note localized manual high intensity neurostimulation devices are prone to small surface areas to simulate peripheral nerve endings, thus causing the release of endogenous endorphins. The guidelines note this procedure, usually described as hyper stimulation analgesia, has been investigated in several controlled studies; however, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of the peripheral nerve endings responsible for low back pain or manual selected body areas and, immediately afterward, stimulating multiple points that are targeted according to differentiation in their electrical properties. The Official Disability Guidelines do not recommend LINT therapy. Therefore, the request for 6 localized intense neurostimulation LINT for the spine, is not medically necessary.