MAXIMUS Federal Services

Case Number:	CM14-0014062		
Date Assigned:	02/26/2014	Date of Injury:	09/09/2013
Decision Date:	07/29/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/04/2014

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 Occupational Medicine 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 applicant is a represented [redacted] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of September 9, 2013.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; topical compounds; adjuvant medications; unspecified amounts of physical therapy over the course of the claim; and extensive periods of time off of work.In a Utilization Review Report dated January 28, 2014, the claims administrator denied a request for 12 sessions of chiropractic manipulative therapy, denied a request for 12 sessions of acupuncture, and denied a request for computerized range of motion testing, denied a request for a TENS unit, denied a hot and cold pack and/or thermal combo unit, denied MRI imaging of the index finger and hand, approved MRI imaging of the shoulder, denied gabapentin, denied cyclobenzaprine, denied ibuprofen, denied transdermal compounds, denied Protonix. The claims administrator did apparently cite a variety of non-MTUS Guidelines in its decision, including non-MTUS Guidelines on Protonix, non-MTUS Guidelines on MRI imaging of the hand, and non-MTUS Guidelines on range of motion testing, although in many cases, the MTUS did address the issues at hand.The applicant's attorney subsequently appealed.A January 14, 2014 progress note is notable for comments that the applicant reported persistent shoulder pain with associated numbness, tingling, paresthesias about the right index finger. The applicant stated that therapy and acupuncture had only helped the issue temporarily. The applicant apparently received computerized range of motion and/or strength testing in the clinic setting. A well-healed laceration line is noted about the wrist. Twelve sessions of manipulative therapy, 12 sessions of acupuncture, computerized range of motion testing, MRI imaging of the index finger and hand, and MRI of the shoulder were prescribed. The applicant was given refills of gabapentin, cyclobenzaprine, ibuprofen, Protonix,

and topical compounds. Hot and cold therapy device was ordered. The applicant was given rather proscriptive limitations, which the attending provider suggested, were resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment with supervised physiotherapy and myofascial release and functional restoration program two times per week for six weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM, Pain, Suffering, and the Restoration of Function Chapter, Page 114, and Non-MTUS Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation topic Page(s): 58.

Decision rationale: The attending provider has not clearly stated in which body part or body parts manipulative therapy is being pursued for. However, one of the applicant's primary pain generators appears to be the hand and wrist. As noted on page 58 of the MTUS Chronic Pain Medical Treatment Guidelines, however, manipulative therapy is not recommended in the treatment of ongoing issues of the hand and wrist pain, one of the primary issues present here. It is further noted that page 58 of the MTUS Chronic Pain Medical Treatment Guidelines suggests initial delivery of care via a six-session trial o manipulation. In this case, then, the request does not conform to MTUS parameters or principles. Accordingly, the request is not medically necessary.

Aupuncture two times per week for six weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The 12-session course of acupuncture proposed here, in and of itself, represents acupuncture in excess of the three- to six-treatment course deemed necessary to produce functional improvement in MTUS 9792.24.1.c.1. In this case, the attending provider has not furnished any compelling rationale for treatment at a rate of two to four times that endorsed in the MTUS. Therefore, the request is not medically necessary.

Range of motion (ROM) muscle testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 200, regional shoulder examination includes determination of range of motion of the shoulder, both actively and passively. Range of motion testing, then, is part and parcel of the attending provider's usual and customary evaluation. In this case, the attending provider has not furnished any compelling applicant specific rationale or narrative commentary which would offset the unfavorable MTUS recommendation. Therefore, the request is not medically necessary.

Transcutaneous electrical nerve stimulation (TENS) unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 116; Table 9-3, 304.

Decision rationale: As noted on page 116 of the MTUS Chronic Pain Medical Treatment Guidelines, pursuit of and/or usage of a TENS unit beyond an initial one-month trial should be based on favorable outcomes through prior usage of the same, in terms of both pain relief and function. In this case, however, there is no evidence that the applicant has derived the appropriate improvements in pain and/or function through previous usage of the TENS unit. It is further noted that page 116 of the MTUS Chronic Pain Medical Treatment Guidelines states that a six-session one-month trial of the same is a prerequisite to purchase of a TENS unit. In this case, however, there has been no such evidence, for all of the previously stated reasons. Therefore, the request is not medically necessary.

Hot/cold pack/wrap or thermal combo unit: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PMID: 18214217 [PubMed-indexed for MEDLINE]..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203; Table 9-3, 304.

Decision rationale: While the MTUS-adopted ACOEM Guidelines in Chapter 9, page 203 do "recommend" home, local applications of cold and/or heat as methods of symptom control for applicants with shoulder problems, in this case, however, the attending provider has seemingly sought authorization for a more elaborate high-tech heating and cooling unit. This is not indicated, appropriate, supported by ACOEM. Therefore, the request is not medically necessary.

MRI of right index finder and hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): Table 11-6, 269.

Decision rationale: In this case, the attending provider's documentation insofar as the hand and wrist are concerned suggests that the applicant has hypoesthesias about the hand and wrist, suggestive of a partial carpal tunnel syndrome. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 11, Table 11-6, MRI imaging is scored 1 of out 4 in its ability to identify and define suspected carpal tunnel syndrome, the issue reportedly present here. It is not clear what purpose MRI imaging of the hand and wrist would serve here, particularly in light of the tepid to unfavorable ACOEM recommendation. Therefore, the request was not medically necessary.

Gabapentin: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin Page(s): 19. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Gabapentin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin section Page(s): 19.

Decision rationale: The request is a renewal request. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, however, the applicant should be asked at each visit as to whether there has been an improvement in pain and/or function through ongoing gabapentin usage. In this case, however, the applicant does not appear to have returned to work. There is, consequently, no clear compelling evidence of ongoing improvements in pain and/or function achieved through ongoing gabapentin usage. Therefore, the request for gabapentin is not medically necessary.

Cyclobenzaprine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using a variety of other analgesic and adjuvant medications. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.

Ibuprofen: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory medications Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that antiinflammatory medications such as ibuprofen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic shoulder pain reportedly present here, the MTUS does qualify this recommendation on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines by commenting that is incumbent an attending provider to incorporate some discussion of medication efficacy into his choice of recommendation. In this case, however, there is no evidence of any clear improvements and/or function tied to ibuprofen. Therefore, the request is not medically necessary.

Transdermal compounds: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics topic Page(s): 111.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, the applicant's ongoing usage of multiple first-line oral pharmaceuticals effectively obviates the need for what page 111 of the MTUS Chronic Pain Medical Treatment Guidelines deems largely experimental topical agents such as the item proposed here. Therefore, the request is not medically necessary.

Pantoprazole: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as pantoprazole in the treatment of NSAID-induced dyspepsia, in this case, however, there is no clear evidence of active symptoms of reflux, heartburn, and/or dyspepsia for which ongoing usage of pantoprazole (Protonix) would be indicated. Therefore, the request is not medically necessary.