

<b>Case Number:</b>	CM14-0025328		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	04/15/2012
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	02/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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, 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 injured worker is a 59-year-old who reported an injury on April 15, 2012 due to repetitive trauma and psychological distress. The injured worker's treatment history included physical therapy, cognitive behavioral therapy, and multiple medications. The injured worker was evaluated on January 15, 2014. It was documented that the injured worker had headache complaints rated at a 7/10, cervical spine complaints rated at an 8/10, and lumbar spine complaints rated at a 7/10 to 9/10. Physical findings included tenderness to palpation over the paracervical musculature, thoracic musculature, and lumbar musculature. It was also noted that the injured worker had tenderness to palpation of the bilateral shoulders, bilateral elbows, bilateral wrists, and bilateral knees. The injured worker's diagnoses included head pain, blurred vision, bilateral hearing loss, cervical spine musculoligamentous sprain/strain with radiculitis, thoracic musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, right shoulder sprain/strain, left shoulder sprain/strain, bilateral elbow sprain/strain and lateral epicondylitis, bilateral wrist sprain/strain, bilateral knee sprain/strain with possible internal derangement, depression and anxiety, and sleep disturbance secondary to pain. The injured worker's treatment plan included physical therapy to be held, shockwave therapy for the bilateral upper extremities, a urine toxicology screen, Methoderm topical analgesics, and an interferential unit.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**ECSWT (EXTRACORPOREAL SHOCK WAVE THERAPY) BILATERAL UPPER TRAPEZIUS MUSCLES, QUANTITY OF ONE: 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) Shoulder Chapter, Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The injured worker is a 59-year-old who reported an injury on April 15, 2012 due to repetitive trauma and psychological distress. The injured worker's treatment history included physical therapy, cognitive behavioral therapy, and multiple medications. The injured worker was evaluated on January 15, 2014. It was documented that the injured worker had headache complaints rated at a 7/10, cervical spine complaints rated at an 8/10, and lumbar spine complaints rated at a 7/10 to 9/10. Physical findings included tenderness to palpation over the paracervical musculature, thoracic musculature, and lumbar musculature. It was also noted that the injured worker had tenderness to palpation of the bilateral shoulders, bilateral elbows, bilateral wrists, and bilateral knees. The injured worker's diagnoses included head pain, blurred vision, bilateral hearing loss, cervical spine musculoligamentous sprain/strain with radiculitis, thoracic musculoligamentous sprain/strain, lumbar spine musculoligamentous sprain/strain, right shoulder sprain/strain, left shoulder sprain/strain, bilateral elbow sprain/strain and lateral epicondylitis, bilateral wrist sprain/strain, bilateral knee sprain/strain with possible internal derangement, depression and anxiety, and sleep disturbance secondary to pain. The injured worker's treatment plan included physical therapy to be held, shockwave therapy for the bilateral upper extremities, a urine toxicology screen, Methoderm topical analgesics, and an interferential unit.

**ONE IF (INTERFERENTIAL) UNIT: 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 Interferential Current Stimulation Page(s): 118.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends the use of an interferential unit as an adjunctive treatment after all other pain modalities have failed to provide adequate symptom relief. The California Medical Treatment Utilization Schedule recommends a thirty day home trial to support continued use. The clinical documentation submitted for review does provide evidence that the injured worker has failed to respond to physical therapy and has previously used a TENS (transcutaneous electrical nerve stimulation) unit. However, the request as it is submitted does not specifically identify whether the requested equipment is for purchase or rental. Additionally, no duration of treatment is identified. The request for one IF unit is not medically necessary or appropriate.

**MENTHODERM 120GM, QUANTITY OF ONE:** 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 Salicylate topicals Page(s): 105.

**Decision rationale:** The California Medical Treatment Utilization Schedule does recommend the use of methyl salicylate as a topical analgesic for osteoarthritic pain. The clinical documentation does support that the injured worker has multiple sites of pain. However, the request as it is submitted does not specifically identify a frequency of treatment or an applicable body part. Therefore, the appropriateness of the request itself cannot be determined. The request for menthoderin 120 gm, quantity of one, is not medically necessary or appropriate.

**ONE URINE TOXICOLOGY:** 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 Drug Testing Page(s): 43.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends drug testing for patients who are at risk for illicit drug use or non-adherent behavior. The clinical documentation does not provide any evidence that the injured worker is at risk for aberrant behavior. There is no documentation that the injured worker is using opioids or any other types of medication that would require regular monitoring. Additionally, there is no documentation of over or under use to support the need for a urine toxicology screening. The request for one urine toxicology is not medically necessary or appropriate.