

Case Number:	CM14-0051345		
Date Assigned:	06/23/2014	Date of Injury:	02/04/2013
Decision Date:	07/25/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/21/2014

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 Anesthesiology, 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 56-year-old with a date of injury of February 4, 2013. The listed diagnoses per According to progress report January 29, 2014 by [REDACTED], the patient presents with neck, mid/upper back, lower back, left shoulder/arm, and bilateral lower leg pain. The patient rates the pain 7-8/10 on a VAS (visual analog scale) score. Examination of the left shoulder revealed tenderness to palpation and restricted range of motion. Supraspinatus test is positive. Examination of the cervical, thoracic, and lumbar spine revealed grade two to three tenderness to palpation over the paraspinal muscles. Cervical compression test is positive and straight leg raise test is positive. The patient is status post extracorporeal shockwave therapy to the left shoulder. The patient states the treatment helped. The treater is requesting the patient continue chiropractic therapy to the lumbar spine and left shoulder two times a week for 6 weeks. He also recommends additional 2 treatments for the left shoulder with extracorporeal shockwave therapy and six LINT treatments for the lumbar spine. Utilization review denied the request on March 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

CHIRO 2X6 L/S AND LEFT SHOULDER: 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 MTUS under its chronic pain section has the following regarding manual therapy and treatments: (pp58,59) Page(s): 58-59.

Decision rationale: This patient presents with neck, mid/upper back, low back, left shoulder/arm, and bilateral lower leg pain. The treater is requesting the patient to continue with chiropractic treatment two times a week for six weeks for the lumbar spine and left shoulder. The Chronic Pain Medical Treatment Guidelines recommends an optional trial of six visits over two weeks with evidence of objective functional improvement total of up to eighteen visits over six to eight weeks. The number of treatments received to date is unclear by reviewing the progress reports. With documentation of functional improvement from prior treatments, the Chronic Pain Medical Treatment Guidelines allows for up to eighteen visits. The current reports do not document chiropractic treatment history and efficacy. The Chronic Pain Medical Treatment Guidelines also requires that the treater provide monitoring and make appropriate treatment recommendations. Without discussion of chiro treatment history and functional benefit, additional treatments cannot be recommended for authorization. The Chronic Pain Medical Treatment Guidelines allows additional treatment only under the premise that initial trial have resulted in functional improvement. The request for chiropractic care to the lumbar spine and left shoulder, twice weekly for six weeks, is not medically necessary or appropriate.

ECSWT LEFT SHOULDER X 2 TREATMENTS: 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), Shoulder, Physical Therapy.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Official Disability Guidelines (ODG).

Decision rationale: This patient presents with neck, mid/upper back, lower back, left shoulder/arm, and bilateral lower leg pain. The patient is status post extracorporeal shockwave therapy to the left shoulder, which has helped. Treater is requesting additional two treatments. The MTUS Guidelines and ACOEM Guidelines do not discuss ESWTs; however, the ODG Guidelines under ESWT for shoulders states, Recommended for calcifying tendinitis, but not for other disorders, for patients with calcifying tendinitis of the shoulder in homogenous deposits, quality evidence have found extracorporeal shockwave therapy equivalent or better than surgery and it may be given priority because of its non-invasiveness. In this case, there are no diagnostic imaging that report calcium deposits on tendon or calcific tendinitis. The request for ESWT is not medically necessary or appropriate.

LINT TO THE L/S X 6 TREATMENT SESSIONS: 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), Shoulder, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment Guidelines, Neuromuscular Electrical Stimulation (NMES devices), page 121.

Decision rationale: This patient presents with neck, mid/upper back, lower back, left shoulder/arm, and bilateral lower leg pain. The treater requested eight LINT treatments. LINT is

localized intense neurostimulation therapy. The MTUS, ACOEM, and ODG Guidelines do not have any discussions on LINT specifically. However, for neuromuscular electrical stimulation, the Chronic Pain Medical Treatment Guidelines has the following Not recommended. NMES (neuromuscular electrical stimulation) is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There is no intervention trial suggesting benefit from NMES for chronic pain. In this case, there is no indication that this patient has had a stroke. Furthermore, the treater does not discuss how this treatment is intended to treat or relieve the patient's symptoms. The request for six sessions of LINT therapy for the lumbar spine is not medically necessary or appropriate.