

Case Number:	CM14-0061584		
Date Assigned:	07/09/2014	Date of Injury:	08/08/2012
Decision Date:	08/12/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/02/2014

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 & 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 54-year-old male who reported an injury on 08/08/2012. The mechanism of injury was not provided for clinical review. The diagnoses included right shoulder sprain/strain, tendinitis and adhesive capsulitis, and right elbow lateral epicondylitis. Previous treatments included chiropractic sessions, physical therapy, medications, and shockwave therapy. Within the clinical note dated 08/05/2013, it was reported the injured worker complained of pain to the right shoulder with weakness and stiffness. She rated her pain 3/10 to 7/10. The injured worker complained of right elbow pain with weakness and stiffness. He rated his pain 4/10 to 5/10 in severity. Upon examination of the right shoulder, the provider noted tenderness to palpation of the right trapezius muscle. The range of motion of the right shoulder was noted to be forward flexion at 135 degrees and extension at 25 degrees. On examination of the right elbow, the provider revealed tenderness to palpation anteriorly and posteriorly. The range of motion of the elbow was noted to be flexion at 130 degrees and extension at 0 degrees. The provider requested for chiropractic sessions, extracorporeal shockwave therapy to the right shoulder, and extracorporeal shockwave therapy to the right elbow to increase flexibility, increase endurance, and improve function. He also requested a urine drug test. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) Chiropractic Sessions to the right upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder and Elbow (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: The request for 12 chiropractic sessions to the right upper extremity is non-certified. The injured worker complained of right shoulder pain with weakness and stiffness. He rated his pain 3/10 to 7/10 in severity. The injured worker complained of right elbow pain with weakness and stiffness. He rated his pain 4/10 in severity. California MTUS Guidelines recommend manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of positive symptomatic or objective measurable gains and functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The guidelines recommend a trial of 6 visits over 2 weeks and with evidence of objective functional improvement, a total of 18 visits over 6 to 8 weeks. There is a lack of documentation indicating the injured worker had significant objective functional improvement with the prior therapy. There is a lack of documentation regarding a complete physical examination to evaluate for decreased functional ability, decreased range of motion, and decreased strength and flexibility. The amount of chiropractic visits the injured worker previously completed was not provided for clinical review. Additionally, the request of 12 sessions exceeds the guideline's recommendation of 6 visits over 2 weeks. Therefore, the request of twelve (12) Chiropractic Sessions to the right upper extremity is not medically necessary and appropriate.

One extracorporeal shockwave therapy (ECSWT) to the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic).

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 (ESWT).

Decision rationale: The injured worker complained of right shoulder pain with weakness and stiffness. He rated his pain 3/10 to 7/10 in severity. The injured worker complained of right elbow pain with weakness and stiffness. He rated his pain 4/10 in severity. The Official Disability Guidelines recommend extracorporeal shockwave therapy for calcifying tendinitis, but not for other shoulder disorders. Guidelines note patients whose pain from calcifying tendinitis of the shoulder has remained despite 6 months of standard treatment. At least 3 conservative treatments have been performed prior to the use of shockwave therapy. These would include rest, ice, NSAIDs, orthotics, physical therapy, and injections; contraindicated in pregnant woman, patients younger than 18 years of age, patients with blood clotting diseases, infections, tumors, compression, arthritis of the spine or arm, or nerve damage; a maximum of 3 therapy sessions every 3 weeks. There is a lack of significant objective findings indicating the injured

worker was diagnosed with calcifying tendinitis. There is a lack of significant documentation indicating the injured worker has failed on conservative therapy. The request submitted fails to provide the length of treatment the provider is requesting. Therefore, the request of one extracorporeal shockwave therapy (ECSWT) to the right shoulder is not medically necessary and appropriate.

One extracorporeal shockwave therapy (ECSWT) to the right elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow (Acute & Chronic).

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

Decision rationale: The injured worker complained of right shoulder pain with weakness and stiffness. He rated his pain 3/10 to 7/10 in severity. The injured worker complained of right elbow pain with weakness and stiffness. He rated his pain 4/10 in severity. The Official Disability Guidelines note extracorporeal shockwave therapy is not recommended. High energy extracorporeal shockwave therapy is not supported, but low energy shockwave therapy may show better outcomes with the need for anesthesia, but is still not recommended. Trials in this area have yielded conflicting results. Guidelines note patients whose pain from lateral epicondylitis (tennis elbow) has remained despite 6 months of standard treatment; at least 3 conservative treatments have been performed prior to the use of shockwave therapy. The guidelines recommend 3 therapy sessions over 3 weeks. The request submitted failed to provide the number of sessions the provider is requesting. Additionally, the guidelines do not recommend the use of shockwave therapy for the elbow. Therefore, the request of one extracorporeal shockwave therapy (ECSWT) to the right elbow is not medically necessary and appropriate.

Urine Drug Test (Date of Service of 1/17/2014): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Testing, Misuse of opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Urine Drug Test Page(s): 43.

Decision rationale: The injured worker complained of right shoulder pain with weakness and stiffness. He rated his pain 3/10 to 7/10 in severity. The injured worker complained of right elbow pain with weakness and stiffness. He rated his pain 4/10 in severity. The California MTUS guidelines recommend a urine drug test as an option to assess for the use or the presence of illegal drugs. They may also be used in conjunction with a therapeutic trial of opioids, for ongoing management, and as a screening for risk or misuse and addiction. The documentation provided did not indicate the injured worker displayed any aberrant behaviors, drugs-seeking

behaviors, or whether the injured worker was suspected of illegal drug use. While urine drug screen would be appropriate for individuals on opioids, a urine drug screen after the initial baseline would not be recommended unless there is significant documentation of aberrant drug-seeking behaviors. There is lack of documentation indicating when the last urine drug screen was performed. Therefore, the request for Urine Drug Test (Date of Service of 1/17/2014) is not medically necessary and appropriate.