

<b>Case Number:</b>	CM14-0074302		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	06/11/2012
<b>Decision Date:</b>	09/23/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 & 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 41-year-old female who reported an injury on 06/11/2012. The mechanism of injury is not provided for clinical review. The diagnoses included right shoulder contusion with subacromial bursitis, cervical neck strain. The previous treatments included medications, injections, physical therapy, x-rays. In the clinical note dated 03/06/2014 it was reported the injured worker complained of occasional increased pain with specific reaching movements. Upon the physical examination the provider noted the injured worker had mild tenderness at the long head of biceps tendon. The provider noted the injured worker's active neck motion was improved with no pain. The provider indicated the injured worker's forward flexion was noted to be 180 degrees on the left, and 180 degrees on the right. The provider noted the injured worker had a mildly positive Hawkins, O'Brien's test. The provider requested physical therapy of the right shoulder, acupuncture for the right shoulder, NCV/EMG of the bilateral upper extremities, x-rays of the right shoulder, functional capacity evaluation, prospective usage of Flurbiprofen, capsaicin cream. However, a rationale was not provided for clinical review. The Request for Authorization was not submitted for clinical review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy (right shoulder) 3x4: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines)Physical therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

**Decision rationale:** The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion. The guidelines allow for fading of treatment frequency plus active self-directed home physical medicine. The guidelines note for neuralgia, myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation indicating the injured worker's prior course of physical therapy as well as the efficacy of the physical therapy. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker had decreased functional ability, or decreased strength and flexibility. Therefore, the request is not medically necessary.

**Acupuncture sessions (right shoulder) 2x4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Acupuncture Medical Treatment GuidelinesChapter 4.5 Division of Worker's Compensation, Subchapter 1.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The request for acupuncture sessions, right shoulder 8 sessions is not medically necessary. The acupuncture medical treatment guidelines note acupuncture is used as an option when pain medication is reduced or not tolerated, or maybe as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease side effects of medication--induced nausea, promote relaxation in an anxious patient and reduce muscle spasms. The time to produce effect includes 3 to 6 treatments with a frequency of 1 to 3 times per week. An optimum duration includes 1 to 2 months. Acupuncture treatments may be extended if functional improvement is documented. There is a lack of documentation indicating the injured worker is unable to tolerate pain medications or pain medications have been reduced. The request submitted exceeds the number of sessions the guidelines support. Therefore, the request is not medically necessary.

**NCV/EMG of the bilateral upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Nerve Conduction Studies.

**Decision rationale:** The request for an NCV/EMG of the bilateral upper extremities is not medically necessary. The California MTUS/ACOEM Guidelines note nerve conduction studies including H reflex may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms, or both, lasting more than 3 or 4 weeks. In addition, the Official Disability Guidelines do not recommend a nerve conduction study to demonstrate radiculopathy if radiculopathy has already been clearly identified by an EMG and obvious clinical signs but recommended if an EMG is not clearly radiculopathy or clearly negative or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may likely be based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. Not to mention, the California MTUS/ACOEM Guidelines note for most patients presenting with true neck or upper back problems, special studies are not needed unless a 3 to 4 week period of conservative care and observation failed to improve symptoms. Most patients improve quickly, provided any red flag conditions are ruled out. Electromyography and nerve conduction velocity's including H reflex test may help identify subtle focal neurological dysfunction in patients with neck or arm symptoms or both, lasting more than 3 to 4 weeks. There is a significant lack of neurological deficits, such as decreased sensation or motor strength in a specific dermatomal or myotomal distribution. The clinical documentation submitted failed to provide if the injured worker had tried and failed on conservative treatment. Therefore, the request is not medically necessary.

**X-ray of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, page 214, Table 9-6ODG (Official Disability Guidelines)Shoulder Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The California MTUS/ACOEM Guidelines note routine testing including radiographs and more specialized imaging are not recommended during the first month to 6 weeks of activity limitations due to shoulder symptoms, except when a red flag is noted on the history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed with the same regardless of the radiographs, show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or AC joint. There is lack of documentation indicating the injured worker tried and failed on 4 to 6 weeks of conservative therapy. There is lack of documentation indicating the provider had a suspicion of red flag diagnoses. Therefore, the request is not medically necessary.

**Functional Capacity Evaluation:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional Capacity Evaluation. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Cornerstones of Disability Prevention and Management, page(s) 77-89.

**Decision rationale:** The California MTUS/ACOEM Guidelines state it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination, under some circumstances; this can be done by ordering a functional capacity evaluation of the injured worker. In addition, the Official Disability Guidelines recommend a functional capacity evaluation may be used prior to admission to a work hardening program with preference for assessment tailored to a specific task for job. The functional capacity evaluation is not recommended as routine use, as part of an occupational rehab or screening or a generic assessment in which the question is whether someone can do any type of job generally. There is lack of documentation indicating previous treatment the injured worker underwent and the measurement of the progress with prior treatments. The provider failed to document a rationale for the request. There is lack of significant neurological deficits, such as decreased sensation of motor strength in a specific dermatomal or myotomal distribution. There is lack of documentation indicating the provider was requesting a work hardening program, therefore the request is not medically necessary.

**Prospective usage of Flurbiprofen:** 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 NSAIDs Page(s): 66-67, 72.

**Decision rationale:** The California MTUS Guidelines recommend nonsteroidal anti-inflammatory drugs at the lowest dose within the shortest period of time. The guidelines note NSAIDs are recommended for the signs and symptoms of osteoarthritis. The guidelines also note Flurbiprofen is recommended for osteoarthritis and mild to moderate pain. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the dosage. The request submitted failed to provide the frequency and quantity of the medication. Therefore, the request is not medically necessary.

**Prospective usage of Capsaicin cream:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical NSAIDs Page(s): 111-112.

**Decision rationale:** The California MTUS Guidelines state that topical NSAIDs are recommended for osteoarthritis and tendonitis, in particular that of the knee and/or elbow neither joints are amenable. Topical NSAIDs are recommended for short term use of 4 to 12 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency and quantity of the medication. The request submitted failed to provide the dosage of the medication. In addition, the injured worker has been utilizing the medication for an extended period of time, since at least 03/2014, which exceeds the guidelines recommendation of short term use of 4 to 12 weeks. Therefore, the request is not medically necessary.