

Case Number:	CM14-0084030		
Date Assigned:	08/06/2014	Date of Injury:	11/17/2005
Decision Date:	09/23/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/05/2014

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 was a 69-year-old male with a reported date of injury on 11/17/2005. The mechanism of injury was reported to be due to a fall. His diagnoses were noted to include thoracic musculoligamentous sprain/strain, lumbar spine spondylosis, lumbar spine disc herniation with radiculopathy, right hip strain/sprain, cervical disc disease with radiculopathy, bilateral shoulder tendinitis, left shoulder rotator cuff, right shoulder calcific tendinitis, status post left knee total knee replacement, and right knee advanced/end stage osteoarthritis. His previous treatments were noted to include physical therapy, acupuncture, cortisone injections, and medication. The progress note dated 05/07/2014 revealed the injured worker complained of knee pain. The physical examination revealed the injured worker ambulated with an antalgic gait favoring the left lower extremity with a cane. There was bilateral knee tenderness to palpation anterior/medial joint line noted with a decreased range of motion and a positive patellofemoral grinding/McMurray's test to the right knee. There was decreased motor strength to the bilateral lower extremities. The progress note dated 05/07/2014 reported the injured worker complained of back pain and right hip pain. The physical examination noted thoracic spine tenderness to palpation with spasming and trigger points to the bilateral upper/mid/lower thoracic region with a decreased range of motion. The physical examination of the lumbar spine noted tenderness to palpation of the bilateral paraspinal muscles/sacroiliac joint/sciatic notch/posterior iliac crest/gluteal muscles with spasms to the bilateral paraspinal muscles/gluteal muscles with decreased range of motion and a positive straight leg raise. There was decreased motor strength to the bilateral upper extremities rated 4/5 and bilateral hip tenderness to palpation anterior/posteriorly, positive Patrick (FABERE) test bilaterally with decreased motor strength to the bilateral lower extremities rated 4/5, and decreased sensation to the right anterolateral thigh/anterior knee/medial leg/lateral thigh/anterolateral leg/mid dorsal foot. The

Request for Authorization form dated 04/30 was for a urine toxicology, extracorporeal shockwave therapy to the right shoulder, physical therapy eval and treat to the cervical spine, thoracic spine, lumbar spine, bilateral shoulders, bilateral knees 2 times a week for 6 weeks, tramadol 50 mg #60, Menthoderm gel 240 gm, x-ray to the right shoulder, and MRI to the right shoulder; however, the provider's rationale was not submitted within the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Urine Toxicology: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, steps to avoid misuse/addiction Page(s): 43; 94.

Decision rationale: The injured worker has been utilizing opiate medications. The California Chronic Pain Medical Treatment Guidelines recommend drug testing as an option stating using a urine drug screen to assess for the use or the presence of illegal drugs is recommended. The Guidelines state for injured workers with high risk of abuse to perform frequent random urine drug tests. There is a lack of documentation regarding the injured worker being at high risk for abuse, when a previous urine drug screen and whether the results were consistent and when it was last performed. Therefore, without details regarding the previous urine drug screening and when the last test was performed, a urine toxicology is not supported by the Guidelines. Therefore, the request for Urine Toxicology is not medically necessary or appropriate.

Tramadol 50mg #60 (DOS 5/7/14): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78.

Decision rationale: The injured worker has been utilizing opiate medications. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The Guidelines also state that the 4 A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. There is a lack of evidence of decreased pain on a numerical scale with the use of medications. There is a lack of documentation of increased functional status with regard to activities of daily living with the use of medications. There is a lack of documentation regarding side effects. There is a lack of documentation regarding whether the injured worker has had consistent urine drug screens and when the last test was performed. Therefore, due to the lack of evidence of significant pain relief, increased functional status,

adverse effects, and without details regarding urine drug testing to verify appropriate medication use in the absence of aberrant behaviors, the ongoing use of opioid medications is not supported by the Guidelines. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Tramadol 50 mg, sixty count, provided on May 7, 2014, is not medically necessary or appropriate.

Methoderm Gel 240gm (DOS 5/7/14): 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 Analgesics; Salicylate topical Page(s): 111; 105.

Decision rationale: The injured worker complains of back, right hip, and knee pain. The California Chronic Pain Medical Treatment Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. The Guidelines primarily recommend topical analgesics for neuropathic pain when trials of antidepressants and anticonvulsants have failed. There is little to no research to support the use of any of these agents. Any compounded product that contains at least 1 drug (or drug class) that is not recommended is not recommended. The Guidelines recommend topical salicylates stating they are significantly better than placebo in chronic pain. There is a lack of documentation regarding the injured worker being intolerant to oral medications. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Methoderm gel 240 grams, provided on May 7, 2014, is not medically necessary or appropriate.

Physical Therapy to the Lumbar spine 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: The injured worker has received previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The Guidelines recommend for neuralgia, neuritis, and radiculitis eight to ten visits over four weeks. There is a lack of documentation regarding current measurable objective functional deficits and quantifiable objective functional improvements with previous physical therapy sessions. There

is a lack of documentation regarding number of previous physical therapy sessions completed. Additionally, the request for twelve sessions of physical therapy exceeds Guideline recommendations. Therefore, the request for physical therapy to the lumbar spine, twice weekly for six weeks, is not medically necessary or appropriate.

X-ray Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207,208.

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

Decision rationale: The injured worker complained of bilateral shoulder pain with noted tenderness to palpation anterior/posteriorly/bilateral biceps tendon groove/deltoid muscle/rotator cuff muscles with a decreased range of motion and a positive Neer's test. The Shoulder Complaints Chapter of the ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a four to six week period of conservative care and observation fails to improve symptoms. Most patients improve quickly, provided red flag conditions are ruled out. The exceptions include stress films of the acromioclavicular joint may be indicated if the clinical diagnosis is acromioclavicular joint separation. If an initial or recurrent shoulder dislocation presents in the dislocated position, shoulder films before and after reduction are indicated. Persistent shoulder pain, associated with neurovascular compression symptoms, may indicate the need for an anterior/posterior cervical spine radiograph to identify a cervical problem. Routine testing and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or acromioclavicular joint. The Guidelines state radiography can be used to identify and define impingement syndrome, rotator cuff tear, instability, recurrent dislocation, tumor, and infection. The injured worker has undergone multiple imaging studies to the right shoulder and the medical records do not establish that the injured worker has sustained a new injury or a significant change in his condition that would necessitate updated imaging studies at this time. There is a lack of documentation regarding any type of treatment or diagnostic testing performed between 2010 and 2014. Therefore, the request for an X-ray of the right shoulder is not medically necessary or appropriate.

MRI Right Shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207,208. Decision based on Non-MTUS Citation Official Disability Guidelines - Shoulder Chapter MRI.

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

Decision rationale: The injured worker previously had an MRI to the right shoulder in 2007. The Shoulder Complaints Chapter of the ACOEM Practice Guidelines state the primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. Routine testing and more specialized imaging studies are not recommended during the first month to 6 weeks of activity limitation due to shoulder symptoms, except when a red flag noted on history or examination raises suspicion of a serious shoulder condition or referred pain. Cases of impingement syndrome are managed the same regardless whether the radiographs show calcium in the rotator cuff or degenerative changes are seen in or around the glenohumeral joint or acromioclavicular joint. Partial thickness tears should be treated the same as impingement syndrome regardless of MRI findings. The primary criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurovascular dysfunction, failure to progress in a strengthening program intended to avoid surgery, and clarification of the anatomy prior to an invasive procedure. The Guidelines state an MRI can be used to identify and define a tumor and shoulder pathology. The medical records do not establish the injured worker has sustained a new injury or a significant change in his condition as it relates to the right shoulder which would necessitate updating imaging studies at this time. An MRI to the right shoulder was performed 08/2006 and there is a lack of clinical findings consistent with a red flag or significant change that would necessitate an updated MRI. Additionally, there was a lack of documentation showing significant neurological deficit such as decreased motor strength or sensation in a specific dermatomal distribution. Therefore, the request for an MRI of the right shoulder is not medically necessary or appropriate.

Extracorporeal Shock wave therapy to 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 Chapter ESWT.

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.

Decision rationale: The injured worker has been diagnosed with calcifying tendinitis to the shoulder. The Official Disability Guidelines recommend extracorporeal shockwave therapy for calcifying tendinitis but not for other shoulder disorders. The criteria for the use of extracorporeal shockwave therapy is 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 extracorporeal shockwave therapy, which would include rest, ice, NSAIDs, orthotics, physical therapy, and cortisone injections. The injured worker was previously diagnosed with radiographic evidence of calcific tendinitis to the bilateral shoulders in 2007; however, the medical records do not establish a thorough treatment history with regard to the right shoulder between 2010 and 2014. There is a lack of documentation of 6 months

failure of conservative treatment to the right shoulder. Therefore, the request for extracorporeal shock wave therapy to right shoulder is not medically necessary or appropriate.

Physical Therapy to the cervical spine 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: The injured worker has received previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The Guidelines recommend for neuralgia, neuritis, and radiculitis 8 to 10 visits over 4 weeks. There is a lack of documentation regarding current measurable objective functional deficits and quantifiable objective functional improvements with previous physical therapy sessions. There is a lack of documentation regarding number of previous physical therapy sessions completed. Therefore, the request for physical therapy to the cervical spine, twice weekly for six weeks, is not medically necessary or appropriate.

Physical Therapy to the bilateral shoulders 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: The injured worker has received previous physical therapy sessions. The California Chronic Pain Medical Treatment Guidelines recommend active therapy based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The Guidelines recommend for neuralgia, neuritis, and radiculitis 8 to 10 visits over 4 weeks. There is a lack of documentation regarding current measurable objective functional deficits and quantifiable objective functional improvements with previous physical therapy sessions. There is a lack of documentation regarding number of previous physical therapy sessions completed.

Additionally, the request for twelve sessions of physical therapy exceeds Guideline recommendations. Therefore, the request for physical therapy to the bilateral shoulders, twice weekly for six weeks, is not medically necessary or appropriate.