

<b>Case Number:</b>	CM14-0086043		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	02/14/2013
<b>Decision Date:</b>	09/09/2014	<b>UR Denial Date:</b>	05/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2014

### 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 Nevada. 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 records presented for review indicate that this 67 year-old male was reportedly injured on 2/14/2013. The mechanism of injury is noted as a fall. The most recent progress note dated 7/2/2014, indicates that there are ongoing complaints of right shoulder pain with radiation to the right hand. Physical examination demonstrated decreased range of motion to right shoulder with tenderness to palpation and spasms; positive Drop Arm, Empty Can, Apprehension and Yergason tests on the right. MRI of left ankle dated 4/5/2014 demonstrated tenosynovitis of the flexor hallucis longus tendon with small effusion, calcaneal spur, osteochondral defect at the dorsomedial aspect of talus, and enchondroma of distal tibial metaphysis. MRI of the right shoulder dated 2/25/2014 demonstrates acromioclavicular joint osteoarthritis, partial rotator cuff tear, full thickness biceps tendon tear with retraction. MRI of the cervical spine dated 2/24/2014 demonstrated reversal of cervical lordosis; with several broad-based disk herniations, mild bilateral foraminal stenosis and degenerative changes at C3/4, C4/5 and C6/7. Plain radiographs dated 7/12/2013 of the right shoulder were negative. Diagnosis: C/S MLDP, right shoulder - rotator cuff tear and left ankle tenosynovitis, calcaneal spur. Previous treatment includes chiropractic treatment, physical therapy and medications to include Naproxen, Orphenadrine and topical analgesic creams. A request was made for shockwave treatment 1-2/week, Omeprazole, Methoderm, and a functional capacity evaluation, which were not certified in the utilization review on 5/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave treatment 1-2/weeks: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability guidelines - Shoulder-Extracorporeal Shockwave Therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Shoulder (Acute & Chronic) - Extracorporeal Shockwave Therapy (ESWT) - (updated 7/29/14).

**Decision rationale:** MTUS/ACOEM practice guidelines do not address shockwave treatment. ODG supports the use of Extracorporeal Shock Wave Therapy (ESWT) for including calcifying tendinitis of the shoulder but not for other shoulder disorders. Review of the available medical records, documents a normal plain radiograph of the shoulder. As such, this request does not meet guideline criteria and is not medically necessary.

**Omeprazole 20mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, GI symptoms and cardiovascular riskTopical salicylates.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009); Pages 65-69 Page(s): 65-69.

**Decision rationale:** The MTUS supports the use of proton pump inhibitors (PPI) in patients taking non-steroidal anti-inflammatory medications with documented gastroesophageal distress symptoms and/or significant risk factors. Review of the available medical records, fails to document any signs or symptoms of gastrointestinal (GI) distress which would require proton pump inhibitor (PPI) treatment. As such, this 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 ACOEM ,2nd Edition, Chapter 7 Independent Medical examinations and Consultations pp 132-139.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) - Independent Medical Examinations and Consultations - Referral Issues and the IME Process - (electronically sited).

**Decision rationale:** ACOEM practice guidelines support the use of functional capacity evaluations (FCE) when necessary to translate medical evidence of functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical

reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require a detailed exploration of the workers abilities. Review of the available medical record, indicate the claimant has returned to work with modified duty. As such, the guideline criteria have not been met and this request is not medically necessary.

**Menthoderm Gel 360gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Salicylate topicals Topical Analgesics Page(s): 105.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 -9792.26; MTUS (Effective July 18, 2009); Pages 105 of 127. Page(s): 105 of 127.

**Decision rationale:** MTUS guidelines state that topical analgesics are "largely experimental" and that "any compound product that contains at least one drug (or drug class) that is not recommended, is not recommended". The guidelines note there is little evidence to support the use of Mentoderm, which is not classified as an anti-inflammatory drug, muscle relaxant or neuropathic agent. This request is not medically necessary.