

<b>Case Number:</b>	CM14-0098786		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	06/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/27/2014

### 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 Orthopedic Surgery 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:

This claimant had a reported industrial injury on 5/9/09. An electrodiagnostic study report from 7/19/11 demonstrates evidence of mild bilateral carpal tunnel syndrome. An MRI of the right shoulder 7/26/2011 reveals moderate to high-grade partial thickness articular surface defect noted in the anterior middle fibers of the supraspinatus tendon. There is a 1.3 cm medial retraction noted on the articular surface fibers of the supraspinatus. Exam note from 1/9/2013 demonstrates the claimant complains of pain in the upper back and bilateral shoulders. Exam demonstrates positive bilateral shoulder compression test. Provider notes complaints of 25-50% medication, physical therapy and active puncture. Radiology report states right brachial plexus from 7/30/2012 is unremarkable. MRI left brachial plexus from 7/30/2012 reveals moderate changes C5-6 disc with mild posterior degenerative spurring encroaching on the sac. Documentation from 1/18/2013 demonstrates the claimant has neck and shoulder pain. No changes reported on exam. Prior acupuncture treatments are noted in the records without demonstration of functional improvement.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **Right Shoulder Revision Surgery: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation (ODG), (TWC) Official Disability Guidelines, Treatment in Workers' Compensation: Shoulder.

**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) pages 209-210 Official Disability Guidelines (ODG) Shoulder section, surgery for rotator cuff repair.

**Decision rationale:** According to the ACOEM Guidelines, surgical considerations for the shoulder include failure of four months of activity modification and existence of a surgical lesion. In addition the guidelines recommend surgery consideration for a clear clinical and imaging evidence of a lesion shown to benefit from surgical repair. The ODG Shoulder section, surgery for rotator cuff repair, recommends 3-6 months of conservative care with a painful arc on exam from 90-130 degrees and night pain. There also must be weak or absent abduction with tenderness and impingement signs on exam. Finally there must be evidence of temporary relief from anesthetic pain injection and imaging evidence of deficit in rotator cuff. In this case the submitted notes from 1/9/13 do not demonstrate 4 months of failure of activity modification. The physical exam does not demonstrate a painful arc of motion, night pain or relief from anesthetic injection. Therefore, the request is not medically necessary and appropriate.

**Shockwave Therapy 3 Visits, Left Shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG), (TWC) Official Disability Guidelines, Treatment in Workers' Compensation: Shoulder.

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

**Decision rationale:** The ODG Shoulder section recommends extracorporeal shock wave therapy for patients with evidence of calcific tendonitis which is not present in this case. Therefore, the request is not medically necessary and appropriate.

**Acupuncture 6 Visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

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

**Decision rationale:** The MTUS Acupuncture Guidelines specifically recommend 3-6 treatments initially. As there is no documentation in the records of prior functional improvement with acupuncture, the current request is not medically necessary and appropriate.

**Saunders Pneumatic Traction Device: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

**Decision rationale:** The ACOEM Guidelines notes that traction, TENS, and other modalities are not recommended for treatment of neck pain. Therefore Guidelines have not been met. The current request is not medically necessary and appropriate.

**US Conductive Gel:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic.

**Decision rationale:** According to the MTUS Chronic Pain Guidelines, Ultrasound is not recommended. It states, "Despite over 60 years of clinical use, the effectiveness of ultrasound for treating people with pain, musculoskeletal injuries, and soft tissue lesions remains questionable. There is little evidence that active therapeutic ultrasound is more effective than placebo ultrasound for treating people with pain or a range of musculoskeletal injuries or for promoting soft tissue healing." As such, the request is not medically necessary and appropriate.

**Motorized Garage Door Opener:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CMS Medicare Benefit Policy Manual Chapter 14, Section 110.1 Blue Cross of California Medial Policy: Durable Medical Equipment.

**MAXIMUS guideline:** The Expert Reviewer did not cite any medical evidence for its decision.

**Decision rationale:** Since the primary procedure is not medically necessary, none of the associated services are medically necessary.

**Internal Medicine Follow Up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Official Disability Guidelines, Treatment in Workers' Compensation: Office visits.

**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) Chapter 7, page 127.

**Decision rationale:** The ACOEM Guidelines states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited do not demonstrate any initial exam or recommendations to warrant a follow-up referral. Therefore, the request is not medically necessary and appropriate.

**Orthopedist Follow Up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Official Disability Guidelines, Treatment in Workers' Compensation: Office Visits.

**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) Chapter 7, page 127.

**Decision rationale:** The ACOEM Guidelines states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited do not demonstrate any initial orthopedic recommendations or exam to warrant a follow-up. Therefore, the request is not medically necessary and appropriate.

**Neurosurgeon Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Official Disability Guidelines, Treatment in Workers' Compensation: Clinical Office Visits.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

**Decision rationale:** The ACOEM Guidelines recommends referral for clear clinical imaging and electrodiagnostic evidence of a lesion shown to benefit from surgical repair. There is no evidence in the cited records of significant and specific nerve root compromise or confirmed diagnostic study to warrant referral to a neurosurgeon or specialist. Therefore the cited guidelines criteria have not been met and the request is not medically necessary and appropriate.

**Vascular Surgeon Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Official Disability Guidelines, Treatment in Workers' Compensation: Clinical Office Visits.

**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) Chapter 7, page 127.

**Decision rationale:** The ACOEM Guidelines states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited do not demonstrate any objective evidence or failure of conservative care to warrant a vascular consult. Therefore, the request is not medically necessary and appropriate.

**Enterology Consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Official Disability Guidelines, Treatment in Workers' Compensation: Clinical Office Visits.

**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) Chapter 7, page 127.

**Decision rationale:** The ACOEM Guidelines states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited do not demonstrate any objective evidence or failure of conservative care to warrant an Enterology consult. Therefore, the request is not medically necessary and appropriate.

**Gastroenterologist Follow Up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC Official Disability Guidelines, Treatment in Workers' Compensation: Clinical Office Visits.

**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) Chapter 7, page 127.

**Decision rationale:** The ACOEM Guidelines states the occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. In this case the records cited do not demonstrate any objective evidence or failure of conservative care to warrant a gastroenterologist consult. Therefore, the request is not medically necessary and appropriate.