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| Case Number: | CM14-0180503 | | |
| Date Assigned: | 11/05/2014 | Date of Injury: | 05/14/2010 |
| Decision Date: | 01/30/2015 | UR Denial Date: | 10/22/2014 |
| Priority: | Standard | Application Received: | 10/30/2014 |

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 Family Practice and is licensed to practice in Ohio. 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 56-year-old male with a date of injury of May 14, 2010. He developed pain in the neck, bilateral shoulders, upper, mid-, and low back while throwing away food. The diagnoses include cervical degenerative disc disease, cervical spinal stenosis, cervical spondylosis, lumbar strain, lumbar spinal stenosis, lumbar radiculopathy, bilaterally torn rotator cuff, thoracic compression fracture, sleep apnea, depression, and anxiety. The injured worker has had arthroscopic surgery in the right shoulder, numerous visits for physical therapy, biofeedback sessions, use of a TENS unit, lumbar facet blocks, localized intense neural stimulation therapy the lumbar spine times 6 sessions, medication, and acupuncture. The physical examination reveals tenderness to palpation of the cervical muscles with diminished cervical range of motion, diminished bilateral shoulder range of motion, diminished lumbar and thoracic range of motion, tenderness to palpation of the lumbar and thoracic musculature, and diminished sensation of the left L4, L5, and S1 dermatome regions.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 physical therapy visits: Upheld

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

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

Decision rationale: The request is for physical therapy for unspecified body locations. The diagnoses provided for justification are lumbar disc disease, thoracic sprain and rotator cuff disease. The Official Disability Guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. For partial rotator cuff tears, 20 visits over 10 weeks are allowable. For complete tears, 40 visits over 16 weeks are allowable. In this instance, one shoulder has had surgery, the other has not. Because the actual body part was not specified, determinations regarding appropriateness of more physical therapy cannot be made as the injured worker has already had extensive physical therapy. Those notes were not included for review. Therefore, 6 physical therapy visits for unspecified location(s) are not medically necessary.

6 acupuncture visits: Upheld

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

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

Decision rationale: Acupuncture is recommended as an option for rotator cuff tendonitis, frozen shoulder, subacromial impingement syndrome, and rehab following surgery. A review of 9 trials with varying placebo controls showed there was possibly some support for short-term benefit in regards to pain and function. ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) In this instance, the injured worker has had previous acupuncture. It is not clear how many sessions he had or what body parts received treatment. The request does not specify location desired. Therefore, 6 acupuncture visits are not medically necessary because of insufficient documentation and non-specificity of the request.

12 ESWT sessions for the lumbar spine and left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

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: For patients with calcifying tendinitis of the shoulder with inhomogenous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or

better than surgery, and it may be given priority because of its noninvasiveness. ESWT is not recommended for the lumbar spine or other shoulder disorders. In this case, the request is for ESWT of the lumbar spine and the left shoulder. Therefore, 12 ESWT sessions for the lumbar spine and left shoulder are not medically necessary.

6 LINT treatments for the lumbar spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Low Back - Lumbar & Thoracic (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), Low Back, Hyperstimulation Analgesia

Decision rationale: Initial results are promising, but only from two low quality studies sponsored by the manufacturer ([REDACTED]). Localized manual high-intensity neurostimulation devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. The new device is capable of automatically measuring skin impedance in a selected body area and, immediately afterwards, of stimulating multiple points that are targeted according to differentiation in their electrical properties and proprietary image processing algorithms with high intensity yet nonpainful electrical stimulation. The therapeutic neurostimulation pulse modulation of dense electrical pulses is applied locally to specific Active Trigger Points (ATPs) which are locations of nerve ending associated with pain, providing effective pain relief by stimulating the release of endorphins, the body's natural pain killers. The gate control theory of pain describes the modulation of sensory nerve impulses by inhibitory mechanisms in the central nervous system. One of the oldest methods of pain relief is generalized hyperstimulation analgesia produced by stimulating myofascial trigger points by dry needling, acupuncture, intense cold, intense heat, or chemical irritation of the skin. The moderate-to-intense sensory input of hyperstimulation analgesia is applied to sites over or sometimes distant from, the pain. A brief painful stimulus may relieve chronic pain for long periods, sometimes permanently. The new device takes advantage of these same principles. Hyperstimulation analgesia with localized, intense, low-rate electrical pulses applied to painful active myofascial trigger points was found to be effective in 95% patients with chronic nonspecific low back pain, in a clinical validation study. This procedure is not recommended by the Official Disability Guidelines until higher quality studies become available. Therefore, 6 LINT treatments for the lumbar spine are not medically necessary per the referenced guidelines.

1 Consultation with an orthopedist for bilateral shoulders within the [REDACTED]:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 210.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry outlined above, with treating a particular cause of delayed recovery (such as substance abuse), or has difficulty obtaining information or agreement to a treatment plan. In this instance, the referral request is coming from a chiropractor. The complexity of the injured worker's shoulder issues are beyond the scope of normal chiropractic care. Therefore, 1 Consultation with an orthopedist for bilateral shoulders within the [REDACTED] is medically necessary.