

<b>Case Number:</b>	CM14-0201210		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	08/06/2013
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/01/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Orthopedic Surgery, Sports Medicine

### 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 64-year-old female who reported an injury on 08/06/2013 due to an unspecified mechanism of injury. On 06/02/2014, she underwent a left shoulder surgery with decompression and debridement. On 09/24/2014, she presented for a followup evaluation, continuing to complain of significant subjective complaints. She was concerned about her progress, and it was stated that she was performing physical therapy and described episodes of increasing pain. A physical examination of the shoulder showed a well healed surgical portal. There was no evidence of infection. She had forward elevation of 120 degrees, active and passive to 160, external rotation to 60 degrees, and there was smooth circumduction of the shoulder at the side. There was pain to overhead circumduction. There was apprehension to Jobe's, no evidence of instability, and full range of motion of the elbow, wrist, and hand. She had undergone ESWT on 11/10/2014. No initial information was provided regarding diagnostic studies, relevant diagnoses, and medications. The Request for Authorization and rationale were not provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Toxicology screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Ongoing Management Page(s): 78.

**Decision rationale:** The CAMTUS Guidelines recommend urine drug screens for those with issues of abuse, addiction, or poor pain control. No documentation was provided stating that the injured worker had issues of abuse, addiction, or poor pain control. There was also no documentation regarding the injured worker's medications, showing that she was taking medications that would indicate the need for toxicology screening. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty Chapter, Functional Capacity Evaluations Section

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

**Decision rationale:** The CAMTUS/ACOEM Guidelines state that 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 best be done by ordering a functional capacity evaluation of the patient. The Official Disability Guidelines recommend functional capacity evaluations prior to entering into a work hardening program, if case management is hampered by complex issues, and if timing is appropriate (close to MMI). There is no evidence that the injured worker was to enter into a work hardening program, case management was not hampered by complex issues, and there was no evidence that she was close to MMI. Without documentation of a clear rationale as to why the injured worker needed a functional capacity evaluation, the request would not be supported. Therefore, the request is not medically necessary.

**Interferential (IF) unit and supplies:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Pain, Suffering, And The Restoration of Function Chapter (ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 6), page 116, as well as the Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118.

**Decision rationale:** The CAMTUS guidelines do not recommend ICS as an isolated intervention and state that there is no quality evidence of effectiveness except in conjunction with recommended treatments. There was no recent clinical documentation submitted for review regarding the injured worker's condition to support that interferential current stimulation should be an option. There was also no evidence that she is actively participating in other recommended treatments to use in conjunction with the ICS. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

**Hot/Cold therapy unit:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed - indexed for MEDLINE

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Continuous flow Cryotherapy.

**Decision rationale:** The CAMTUS/ACOEM Guidelines recommend hot/cold therapy units post-operatively for up to 7 days, but not for non-surgical treatment. While it was noted that the injured worker was status post left shoulder surgery on 06/02/2014, the guidelines only recommend hot and cold therapy units for up to 7 days postoperatively. The duration of use for the hot and cold therapy unit was not stated within the request or documentation. Also, the injured worker's post-surgical status has surpassed the allotted time frame for the use of a hot/cold therapy unit. Therefore, the request is not medically necessary.

**Additional physical therapy, twice weekly for six weeks:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter

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

**Decision rationale:** The CAMTUS/ACOEM Guidelines recommend physical therapy for 9-10 visits for myalgia and myositis unspecified. For neuralgia, neuritis, and radiculitis unspecified, 8-10 visits is recommended. There is a lack of documentation showing evidence of efficacy of the previous physical therapy sessions to support the requested additional physical therapy. In addition, there is no documentation stating how many sessions of physical therapy the injured worker had previously attended, and without this information, additional sessions would not be supported. Furthermore, recent documentation regarding the injured worker's condition and functional deficits was not provided. Therefore, the request is not medically necessary.

**Fluriflex 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111 - 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The CAMTUS guidelines state that topical analgesics are largely experimental and primarily recommended for neuropathic pain when first line therapy medications are failed. Topical NSAIDs are recommended for osteoarthritis and tendonitis of joints amenable to treatment. Topical muscle relaxants are not recommended. Typical muscle relaxants are not recommended by the guidelines for use; and therefore, a cream containing a muscle relaxant would not be supported. In addition, the frequency and duration of the medication was not stated within the request, and there is no evidence that the injured worker has failed first line therapy medications. Therefore, the request is not medically necessary.

**TGHot 180 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111 - 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The CAMTUS guidelines state that topical analgesics are largely experimental and primarily recommended for neuropathic pain when first line therapy medications are failed. There is no indication that the injured worker has failed recommended first line therapy medications to support the requested topical analgesic. In addition, the quantity and frequency of the medication was not provided within the request. Therefore, the request is not medically necessary.

**Menthoderm gel, 240 grams:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Section Page(s): 111 - 113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-114.

**Decision rationale:** The CAMTUS guidelines state that topical analgesics are largely experimental and primarily recommended for neuropathic pain when first line therapy medications are failed. There is no indication that the injured worker has failed recommended first line therapy medications to support the requested topical analgesic. In addition, the quantity and frequency of the medication was not provided within the request. Therefore, the request is not medically necessary.

**Tramadol 50 mg, sixty tabs:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 - 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**Decision rationale:** The CAMTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, and appropriate medication use, and side effects should be performed during opioid therapy. There was no recent clinical documentation submitted for review regarding efficacy of the medication tramadol. There was no evidence that the injured worker had a quantitative decrease in pain, an objective improvement in function with the medication, and there was no documentation regarding screening for intolerable side effects and appropriate medication use using urine drug screens. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

**ECWST of the left 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 (ODG), Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, ESWT

**Decision rationale:** The CAMTUS/ACOEM Guidelines state that some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The Official Disability Guidelines list criteria for ESWT as: those whose pain is from calcifying tendinitis of the shoulder which has remained for 6 months; at least 3 conservative treatments have been performed including rest, ice, NSAIDs, Orthotics, Physical therapy, and injections, Maximum of 3 sessions. The requested ECWST is non-certified. The documentation provided shows that on 11/10/2014, the injured worker had undergone ESWT treatments. It is unclear exactly how many sessions she had undergone, and without this information, additional session would not be supported, as the guidelines only recommend a maximum of 3 sessions. In addition, the number of sessions being requested was not stated within the request. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.

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

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 238, and table 10-6. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179.

**Decision rationale:** The CAMTUS/ACOEM Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. There is no documentation showing that the injured worker has findings identifying specific nerve compromise on a neurological examination to support the requested EMG/NCV. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.