

Case Number:	CM14-0046711		
Date Assigned:	08/06/2014	Date of Injury:	05/13/2013
Decision Date:	01/12/2015	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/14/2014

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 & 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:

According to the records made available for review, this is a 54-year-old female with a 5/13/13 date of injury. At the time (3/20/14) of the Decision for Acupuncture x 12; Interferential (IF) Unit (purchase or rental unspecified); Functional Capacity Evaluation (FCE); Naproxen; Cycloketolido Cream (3%/20%/6.15%); Zantac/Ranitidine 150mg, qty unspecified; x-ray Cervical Spine; x-ray Lumbar Spine; x-ray right shoulder; x-ray right elbow; and x-ray right wrist, there is documentation of subjective (neck pain radiating to mid back, numbness/tingling over hands, low back pain, right shoulder pain radiating to hands, right elbow pain radiating to right arm, and right wrist pain radiating to fingers) and objective (tenderness over trapezius as well as paravertebral muscles; tenderness over right acromioclavicular joint as well as biceps tendon with positive impingement sign; tenderness over lateral epicondyles of right elbow with positive Tinel's sign; tenderness over right wrist with positive Tinel's as well as Phalen's sign; and tenderness over lumbar paravertebral muscles with spasm) findings, current diagnoses (cervical spine sprain/strain, lumbar sprain/strain, right shoulder strain with rotator cuff tendinitis/impingement syndrome, overuse tendinitis of the right wrist and possible cubital tunnel syndrome, and right elbow epicondylitis), and treatment to date (cervical steroid injections, subacromial steroid injection, physical therapy for neck and shoulder, and medications (including ongoing treatment with Naproxen)). Medical report identifies gastrointestinal problems from constant use of medications. Regarding acupuncture x12, It cannot be determined if this is a request for initial or additional acupuncture therapy. Regarding Interferential (IF) Unit (purchase or rental unspecified), there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone not used as an isolated intervention. Regarding Functional Capacity Evaluation (FCE), there is no

documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Regarding Naproxen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen use to date. Regarding x-ray Cervical Spine, there is no documentation of emergence of red flag; cervical spine trauma, unconscious, impaired sensorium (including alcohol and/or drugs), multiple trauma, a serious bodily injury, no neurological deficit, Chronic neck pain (= after 3 months conservative treatment), patient younger than 40, no history of trauma, first study; history of remote trauma, first study; no history of trauma, first study, history of remote trauma, first study, patients of any age, history of previous malignancy, first study; patients of any age, history of previous remote neck surgery, first study; Post-surgery: evaluate status of fusion. Regarding x-ray Lumbar Spine, there are no documentation red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery. Regarding x-ray right shoulder, there is no documentation of emergence of emergence of a red flag; and chronic shoulder pain, acute shoulder trauma, questionable bursitis, or blood calcium (Ca+)/approximately 3 months duration. Regarding x-ray right elbow, there is no documentation of emergence of a red flag, and failure to progress in a rehabilitation program; evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment; and osteochondral fracture, osteochondritis dissecans, or osteocartilaginous intra-articular body. Regarding x-ray right wrist, there is no documentation that red flags conditions are ruled out; and indications for imaging X-rays: acute hand trauma (suspect acute scaphoid fracture, suspect distal radio ulnar joint subluxation, suspect hook of the hamate fracture; suspect metacarpal fracture or dislocation, suspect phalangeal fracture or dislocation, suspect thumb fracture or dislocation, suspect gamekeeper injury).

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines identifies that acupuncture may be used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery, to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. In addition, MTUS Acupuncture Medical Treatment Guidelines allow

the use of acupuncture for musculoskeletal conditions for a frequency and duration of treatment as follows: Time to produce functional improvement of 3-6 treatments, frequency of 1-3 times per week, and duration of 1-2 months. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar sprain/strain, and right shoulder strain with rotator cuff tendinitis/impingement syndrome, overuse tendinitis of the right wrist and possible cubital tunnel syndrome, and right elbow epicondylitis. However, given documentation of a 5/13/13 date of injury, where there would have been an opportunity to have had previous acupuncture, it is not clear if this is a request for initial or additional (where acupuncture provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) acupuncture therapy. Therefore, based on guidelines and a review of the evidence, the request for acupuncture x 12 is not medically necessary.

Interferential (IF) Unit (purchase or rental unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, chronic pain (transcutaneous electrical nerve stimulation);.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that interferential current stimulation is not recommended as an isolated intervention and that there is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar sprain/strain, and right shoulder strain with rotator cuff tendinitis/impingement syndrome, overuse tendinitis of the right wrist and possible cubital tunnel syndrome, and right elbow epicondylitis. However, there is no documentation that the IF unit will be used in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone not used as an isolated intervention. Therefore, based on guidelines and a review of the evidence, the request for Interferential (IF) Unit (purchase or rental unspecified) is not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 138.

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,

page(s) 137-138; Official Disability Guidelines (ODG) Fitness For Duty, Functional capacity evaluation (FCE)

Decision rationale: MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. ODG identifies documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar sprain/strain, right shoulder strain with rotator cuff tendinitis/impingement syndrome, overuse tendinitis of the right wrist and possible cubital tunnel syndrome, and right elbow epicondylitis. However, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at MMI/all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for Functional Capacity Evaluation (FCE) is not medically necessary.

Naproxen: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 67-68. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of moderate to severe osteoarthritis pain, acute low back pain, chronic low back pain, or exacerbations of chronic pain, as criteria necessary to support the medical necessity of NSAIDs. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar sprain/strain, right shoulder strain with rotator cuff tendinitis/impingement syndrome, overuse tendinitis of the right wrist and possible cubital tunnel syndrome, and right elbow epicondylitis. In addition, there is documentation of pain. However, given documentation of ongoing treatment with Naproxen, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Naproxen use to date. Therefore, based on guidelines and a review of the evidence, the request for Naproxen is not medically necessary.

Cycloketolido Cream (3%/20%/6.15%): 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 Page(s): 111-113.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that many agents are compounded as monotherapy or in combination for pain control; that Ketoprofen, lidocaine (in creams, lotion or gels), capsaicin in a 0.0375% formulation, baclofen and other muscle relaxants, and gabapentin and other antiepilepsy drugs are not recommended for topical applications; and that any compounded product that contains at least one drug (or drug class) that is not recommended, is not recommended. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar sprain/strain, right shoulder strain with rotator cuff tendinitis/impingement syndrome, overuse tendinitis of the right wrist and possible cubital tunnel syndrome, and right elbow epicondylitis. However, the requested Cycloketolido Cream contains at least one drug (Ketoprofen and Lidocaine) and at least one drug class (muscle relaxant (Cyclobenzaprine)) that is not recommended. Therefore, based on guidelines and a review of the evidence, the request for Cycloketolido Cream (3%/20%/6.15%) is not medically necessary.

Zantac/Ranitidine 150mg, qty unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms and cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Proton pump inhibitors (PPIs)

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines identifies that risk for gastrointestinal event includes age > 65 years; history of peptic ulcer, GI bleeding or perforation; concurrent use of ASA, corticosteroids, and/or an anticoagulant; and/or high dose/multiple NSAID. ODG identifies documentation of risk for gastrointestinal events, and preventing gastric ulcers induced by NSAIDs, as criteria necessary to support the medical necessity of Zantac/Ranitidine. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar sprain/strain, and right shoulder strain with rotator cuff tendinitis/impingement syndrome, overuse tendinitis of the right wrist and possible cubital tunnel syndrome, and right elbow epicondylitis. In addition, given documentation of ongoing treatment with NSAID, and gastrointestinal problems from constant use of medications, there is documentation of risk for gastrointestinal event. However, there is no documentation of the quantity requested. Therefore, based on guidelines and a review of the evidence, the request for Zantac/Ranitidine 150mg, qty unspecified is not medically necessary.

X-ray Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-178. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & Upper Back, Radiology

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of emergence of red flag, physiological evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery, or clarification of anatomy prior to an invasive procedure. ODG identifies documentation of cervical spine trauma, unconscious, impaired sensorium (including alcohol and/or drugs), multiple trauma, a serious bodily injury, neck pain, no neurological deficit, cervical tenderness, paresthesia in hands or feet; Chronic neck pain (= after 3 months conservative treatment), patient younger than 40, no history of trauma, first study; history of remote trauma, first study; patient older than 40, no history of trauma, first study, history of remote trauma, first study, patients of any age, history of previous malignancy, first study; patients of any age, history of previous remote neck surgery, first study; Post-surgery: evaluate status of fusion, as additional criteria necessary to support the medical necessity of cervical spine x-rays. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar sprain/strain, right shoulder strain with rotator cuff tendinitis/impingement syndrome, overuse tendinitis of the right wrist and possible cubital tunnel syndrome, and right elbow epicondylitis. In addition, given documentation of subjective (neck pain radiating to mid back) and objective (tenderness over trapezius as well as paravertebral muscles) findings, there is documentation of neurologic dysfunction. However, despite documentation of subjective (neck pain and numbness/tingling over hands) finding, there is no (clear) documentation of emergence of red flag; cervical spine trauma, unconscious, impaired sensorium (including alcohol and/or drugs), multiple trauma, a serious bodily injury, no neurological deficit, Chronic neck pain (= after 3 months conservative treatment), patient younger than 40, no history of trauma, first study; history of remote trauma, first study; no history of trauma, first study, history of remote trauma, first study, patients of any age, history of previous malignancy, first study; patients of any age, history of previous remote neck surgery, first study; Post-surgery: evaluate status of fusion. Therefore, based on guidelines and a review of the evidence, the request for X-ray Cervical Spine is not medically necessary.

X-ray Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303-304.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: MTUS reference to ACOEM identifies documentation of red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would

consider surgery, as criteria necessary to support the medical necessity of lumbar spine x-rays. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar sprain/strain, right shoulder strain with rotator cuff tendinitis/impingement syndrome, overuse tendinitis of the right wrist and possible cubital tunnel syndrome, and right elbow epicondylitis. However, despite documentation of subjective (low back pain) and objective (tenderness over lumbar paravertebral muscles with spasm) findings, there is no (clear) documentation red flag diagnoses where plain film radiographs are negative; unequivocal objective findings that identify specific nerve compromise on the neurologic examination, do not respond to treatment, and who would consider surgery. Therefore, based on guidelines and a review of the evidence, the request for X-ray Lumbar Spine is not medically necessary.

X-ray right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Radiology

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of 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. ODG identifies documentation of chronic shoulder pain, acute shoulder trauma, questionable bursitis, or blood calcium (Ca+)/approximately 3 months duration, as additional criteria necessary to support the medical necessity of shoulder x-ray. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar sprain/strain, and right shoulder strain with rotator cuff tendinitis/impingement syndrome, overuse tendinitis of the right wrist and possible cubital tunnel syndrome, and right elbow epicondylitis. In addition, given documentation of subjective (right shoulder pain radiating to hands) and objective (tenderness over right acromioclavicular joint as well as biceps tendon with positive impingement sign) findings, there is documentation of neurovascular dysfunction. However, there is no documentation of emergence of a red flag; and chronic shoulder pain, acute shoulder trauma, questionable bursitis, or blood calcium (Ca+)/approximately 3 months duration. Therefore, based on guidelines and a review of the evidence, the request for X-ray right shoulder is not medically necessary.

X-ray right elbow: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Radiography

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of emergence of a red flag, failure to progress in a rehabilitation program, evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment, and agreement by the patient to undergo invasive treatment if the presence of the correctible lesion is confirmed. ODG identifies documentation of osteochondral fracture, osteochondritis dissecans, or osteocartilaginous intra-articular body, as additional criteria necessary to support the medical necessity of elbow x-ray. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar sprain/strain, right shoulder strain with rotator cuff tendinitis/impingement syndrome, overuse tendinitis of the right wrist and possible cubital tunnel syndrome, and right elbow epicondylitis. However, there is no documentation of emergence of a red flag, and failure to progress in a rehabilitation program. In addition, despite documentation of subjective (right elbow pain radiating to right arm) and objective (tenderness over lateral epicondyles of right elbow with positive Tinel's sign) findings, there is no (clear) documentation of evidence of significant tissue insult or neurological dysfunction that has been shown to be correctible by invasive treatment. Furthermore, there is no documentation of osteochondral fracture, osteochondritis dissecans, or osteocartilaginous intra-articular body. Therefore, based on guidelines and a review of the evidence, the request for X-ray right elbow is not medically necessary.

X-ray right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand, Radiography

Decision rationale: MTUS reference to ACOEM guidelines identifies documentation of a four-to-six week period of conservative care and observation, provided red flags conditions are ruled out, as criteria necessary to support the medical necessity of hand/wrist x-ray. ODG identifies documentation of the following indications for imaging X-rays: Acute hand or wrist trauma, wrist trauma, first exam; Acute hand or wrist trauma, suspect acute scaphoid fracture, first exam, plus cast and repeat radiographs in 10-14 days; Acute hand or wrist trauma, suspect distal radio ulnar joint subluxation; Acute hand or wrist trauma, suspect hook of the hamate fracture; Acute hand or wrist trauma, suspect metacarpal fracture or dislocation; Acute hand or wrist trauma, suspect phalangeal fracture or dislocation; Acute hand or wrist trauma, suspect thumb fracture or dislocation; Acute hand or wrist trauma, suspect gamekeeper injury (thumb MCP ulnar collateral ligament injury); Chronic wrist pain, first study obtained in patient with chronic wrist pain with or without prior injury, no specific area of pain specified, as criteria necessary to support the medical necessity of hand/wrist x-ray. Within the medical information available for review, there is documentation of diagnoses of cervical spine sprain/strain, lumbar sprain/strain, right shoulder strain with rotator cuff tendinitis/impingement syndrome, overuse tendinitis of the right wrist and possible cubital tunnel syndrome, and right elbow epicondylitis. In addition, there is documentation of conservative care and observation. However, there is no documentation that

red flags conditions are ruled out; and indications for imaging X-rays: acute hand trauma (suspect acute scaphoid fracture, suspect distal radio ulnar joint subluxation, suspect hook of the hamate fracture; suspect metacarpal fracture or dislocation, suspect phalangeal fracture or dislocation, suspect thumb fracture or dislocation, suspect gamekeeper injury). Therefore, based on guidelines and a review of the evidence, the request for X-ray right wrist is not medically necessary.