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| <b>Case Number:</b>   | CM15-0009057 |                              |            |
| <b>Date Assigned:</b> | 02/10/2015   | <b>Date of Injury:</b>       | 08/08/2005 |
| <b>Decision Date:</b> | 04/21/2015   | <b>UR Denial Date:</b>       | 12/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/15/2015 |

### 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: New York, Pennsylvania, Washington  
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

This 57 year old woman sustained an industrial injury on 8/8/2005. The mechanism of injury is not detailed. Current diagnoses include acromioclavicular arthritis, carpal tunnel syndrome, SLAP lesion, cubital tunnel syndrome, and impingement syndrome. Treatment has included oral medications and surgical intervention. Physician notes dated 12/4/2014 show chronic bilateral shoulder pain. Recommendations include starting Voltaren gel for the acromioclavicular arthritis. The worker is still awaiting the results of the EMG that was requested. On 12/24/2014, Utilization Review evaluated prescriptions for nine chiropractic sessions, NCV/EMG of the bilateral upper extremities, and Voltaren Gel 1% with five refills, that were submitted on 1/15/2015. The UR physician noted the following: regarding the EMG/NCV, progress notes did not provide evidence of peripheral neuropathy and the physical exam did not note any neurological findings. Regarding chiropractic, there is little evidence to support the use of manipulative procedures of the shoulder in patients with impingement syndrome. The MTUS, ACOEM Guidelines, (or ODG) was cited. The requests were denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 Chiropractic manipulation sessions: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-59.

**Decision rationale:** Per the guidelines, chiropractic or manual therapy is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. In this injured worker, chiropractic care has already been used as a modality. The records do not indicate that the worker is not able to return to activities or that the worker is participating in an ongoing exercise program to which the chiropractic care would be an adjunct. The records do not support the medical necessity of an additional sessions of chiropractic therapy. The request is not medically necessary.

**NCV/EMG Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 165-193.

**Decision rationale:** Electromyography (EMG), and nerve conduction velocities (NCV) may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. There are no red flags on physical exam to warrant further imaging, testing or referrals. The records do not support the medical necessity for an EMG/NCV of the bilateral upper extremities. Therefore, the request is not medically necessary.

**1 prescription for Voltaren Gel 1% with 5 refills: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 111-112.

**Decision rationale:** This injured worker has chronic pain with an injury sustained in 2005. Per the guidelines, topical analgesics are largely experimental with few randomized trials to determine efficacy or safety. Any compounded product that contains at least one drug or drug class that is not recommended is not recommended. There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder and there is no evidence to support its use in neuropathic pain. There is no documentation of efficacy with regards to pain

and functional status or a discussion of side effects specifically related to the topical analgesic. Regarding topical voltaren in this injured worker, the records do not provide clinical evidence to support medical necessity. Therefore, the request is not medically necessary.