

Case Number:	CM15-0103998		
Date Assigned:	06/08/2015	Date of Injury:	11/16/2012
Decision Date:	07/16/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/29/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 41-year-old who has filed a claim for chronic knee, wrist, and arm pain reportedly associated with an industrial injury of November 16, 2012. In a utilization review report dated April 24, 2015, the claims administrator failed to approve a request for extracorporeal shockwave therapy, tramadol, trigger points impedance imaging, and localized intense neurostimulation therapy (LINT). The claims administrator referenced an April 16, 2015 RFA form and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On April 23, 2015, the applicant reported ongoing complaints of wrist pain reportedly attributed to a triangular fibrocartilage tear and/or ganglion cyst. The applicant was apparently contemplating surgical intervention for the same, it was reported. In a May 21, 2015 progress note, the applicant was asked to follow up with an orthopedic hand surgeon. Ongoing complaints of wrist pain were reported with associated stiffness. The applicant had undergone earlier failed wrist surgery, it was reported. Topical compounded medications were endorsed. The applicant's work status was not detailed, although it did not appear the applicant was working. There is no mention of the need for extracorporeal shockwave therapy. On April 16, 2015, tramadol and Flexeril were endorsed for ongoing wrist pain complaints, without much discussion of medication efficacy. In an RFA form dated February 4, 2015, multiple topical compounds, tramadol, and urine drug testing were proposed, along with trigger points impedance imaging, extracorporeal shockwave therapy, and localized intense neurostimulation therapy (LINT). Little to no rationale supporting these requests was furnished. The applicant did, however, go on to perform FCE testing on February 18, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal shockwave therapy visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, therapeutic Page(s): 123.

Decision rationale: No, the request for extracorporeal shockwave therapy, a subset of therapeutic ultrasound, was not medically necessary, medically appropriate, or indicated here. As noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound, with the ESWT at issue as a subset, is deemed "not recommended." The Third Edition ACOEM Guidelines likewise notes that, for most body parts, there is evidence that ESWT is ineffective. Here, the attending provider failed to furnish a compelling rationale for pursuit of extracorporeal shockwave therapy in the face of the unfavorable MTUS and ACOEM positions on the same. Little to no narrative commentary or rationale accompanying the RFA form/order form. Therefore, the request was not medically necessary.

Tramadol 50 mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for tramadol, a synthetic opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not detailed on multiple office visits and/or RFA forms referenced above, including on February 4, 2015, February 18, 2015, or April 16, 2015. The attending provider has failed to outline evidence of quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.

Trigger point impedance imaging: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRPS, diagnostic criteria Page(s): 37.

Decision rationale: Similarly, the request for trigger points impedance imaging was likewise not medically necessary, medically appropriate, or indicated here. The trigger points impedance imaging in question appears to represent a variant of thermography. While page 37 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that thermography can be employed to detect suspected CRPS, here, however, it was not clearly stated what was suspected. It was not clearly stated how the trigger point impedance imaging modality would influence or alter the treatment plan. The order was initiated through a preprinted order form, without much applicant-specific commentary, rationale, or statement as to what the operating diagnosis and/or suspected diagnoses were. Therefore, the request was not medically necessary.

One localized neurostimulation therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), National Guideline Clearinghouse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous neuromodulation therapy (PNT) Page(s): 98.

Decision rationale: Finally, the request for localized intense neurostimulation therapy (LINT) was likewise not medically necessary, medically appropriate, or indicated here. Localized intense neurostimulation therapy, based on the description, appears to represent a variant of percutaneous neuromodulation therapy, which, per page 98 of the MTUS Chronic Pain Medical Treatment Guidelines is deemed "not recommended" and "investigational." Here, as well as in multiple other requests, the attending provider failed to furnish a compelling applicant-specific rationale, which would support pursuit of this particular modality in the face of the unfavorable MTUS position on the same. Therefore, the request was not medically necessary.