

<b>Case Number:</b>	CM15-0108827		
<b>Date Assigned:</b>	06/11/2015	<b>Date of Injury:</b>	03/16/2015
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	05/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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: California

Certification(s)/Specialty: Emergency 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 38-year-old male, who sustained an industrial injury on March 16, 2015. He reported neck and upper back pain, bilateral knee pain, bilateral shoulder, elbow and wrists pain with associated numbness, weakness of the hands and fingers and sleepiness. The injured worker was diagnosed as having cervical and thoracic myofascitis secondary to repetitive strain, bilateral shoulders, elbows and wrists myofascitis secondary to repetitive strain, bilateral knees myofascitis, ganglion cysts of bilateral wrists, rule out carpal tunnel syndrome bilaterally, rule out tenosynovitis, rule out internal derangement of bilateral knees. Treatment to date has included diagnostic studies, physical therapy and chiropractic care. Currently, the injured worker complains of continued neck and upper back pain, bilateral knee pain, bilateral shoulder, elbow and wrists pain with associated numbness, weakness of the hands and fingers and sleepiness. The injured worker reported an industrial injury in 2015, resulting in the above noted pain. He was treated conservatively without complete resolution of the pain. Evaluation on March 16, 2015, revealed the above noted complaints. Physical therapy, chiropractic care, acupuncture, an orthopedic consultation, a home TENS unit, shockwave therapy for bilateral wrists, a functional capacity evaluation, lab work and radiographic imaging of bilateral knees to rule out internal derangement was requested.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of acupuncture:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174.

**Decision rationale:** The request is for acupuncture to aid in pain relief. The ACOEM guidelines state the following regarding this topic. "Invasive techniques (e.g., needle acupuncture and injection procedures, such as injection of trigger points, facet joints, 2 or corticosteroids, Lidocaine, or opioids in the epidural space) have no proven benefit in treating acute neck and upper back symptoms." In this case, the guidelines do not support the use of this treatment modality. This is secondary to the diagnosis with poor clinical evidence regarding efficacy. As such, the request is not medically necessary.

**6 sessions of chiropractic manipulation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** The request is for physical therapy to aid in pain relief. The MTUS guidelines states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is indicated for low back pain but not ankle and foot conditions, carpal tunnel syndrome, forearm/wrist/hand pain, or knee pain. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. (Fritz, 2007) Active treatments also allow for fading of treatment frequency along with active self-directed home PT, so that less visits would be required in uncomplicated cases. In this case, the patient would benefit most from at home active therapy. As such, the request is not medically necessary.

**6 sessions of physical therapy:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60.

**Decision rationale:** The request is for physical therapy to aid in pain relief. The MTUS guidelines states that manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. 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. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. It is indicated for low back pain but not ankle and foot conditions, carpal tunnel syndrome, forearm/wrist/hand pain, or knee pain. The use of active treatment modalities instead of passive treatments is associated with substantially better clinical outcomes. (Fritz, 2007) Active treatments also allow for fading of treatment frequency along with active self-directed home PT, so that less visits would be required in uncomplicated cases. In this case, the patient would benefit most from at home active therapy. As such, the request is not medically necessary.

**One (1) urinalysis and toxicology/ANS repeated every 3 months: Upheld**

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

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

**Decision rationale:** The request is for a drug screen for evaluation of illegal drug use. The MTUS guidelines state that a drug screen should be performed for patients with issues of abuse, addiction, or poor pain control. A random screen is advised for those who are considered at high risk. In this case, the patient does not meet the qualifying factors necessary. As such, the request is not medically necessary.

**Unknown sessions of shockwave therapy for bilateral wrists: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

**Decision rationale:** The request is for shockwave therapy. The ACOEM guidelines related to this treatment are the following: Extracorporeal Shockwave Therapy. Twelve articles were reviewed, 10 studies 82, 83, 84, 85, 86, 87, 88, 89, 90, 91 and two metanalyses. 62, 92 Of the 10 studies, two were of high quality, five of intermediate quality and three of low quality. One of the high-quality studies<sup>82</sup> evaluated 60 subjects with symptoms for less than 1 year and more than 3 weeks, treating them with either active extracorporeal shockwave therapy (ESWT) with a simple stretching program (n = 31) or sham ESWT with a simple stretching program (n = 29). The authors concluded that "despite improvement in pain scores and pain-free maximum grip strength within groups, there does not appear to be a meaningful difference between

treating lateral epicondylitis with extracorporeal shock wave therapy combined with forearm-stretching program and treating with forearm-stretching program alone, with respect to resolving pain within an 8-week period of commencing treatment." The second high-quality study evaluated 272 patients with at least 6 months of conservative treatment (135 received ESWT and 137 received placebo ESWT) and found that ESWT as "applied in the present study was ineffective in the treatment of lateral epicondylitis." 85 One of the meta-analyses reviewed two studies, concluding "no added benefit of ESWT over that of placebo in the treatment of LE [lateral epicondylitis]." 62 The other review analyzed nine studies (the studies reviewed above) and concluded, "When data were pooled, most benefits were not statistically significant. No difference for participants early or late in the course of condition." 92 Quality studies are available on extracorporeal shockwave therapy in acute, sub acute, and chronic lateral epicondylalgia patients and benefits have not been shown. This option is moderately costly, has some short-term side effects, and is not invasive. Thus, there is a recommendation against using extracorporeal shockwave therapy [Evidence (A), Strongly Recommended Against]. In this case, the request is not certified. This is secondary to the number of sessions being unspecified. Pending receipt of this information, the request is determined to be not medically necessary.

**2 month trial of a TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

**Decision rationale:** The request is for TENS unit use to aid in pain relief. The MTUS guidelines state the following regarding this topic: "There is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living." In this case, the request is not indicated. This is secondary to poor high-grade evidence to support its use. As such, the request is not medically necessary.

**One (1) functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain 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) Functional capacity evaluation.

**Decision rationale:** The request is for a functional capacity evaluation. The MTUS guidelines are silent regarding this issue. The ODG state the following: Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as

much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1) Case management is hampered by complex issues such as: 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. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged. (WSIB, 2003) In this case, a functional capacity evaluation is not indicated. There is inadequate documentation of the patient and employer actively participating in determining the suitability of a particular job. As such, the request is not medically necessary.