

<b>Case Number:</b>	CM15-0133961		
<b>Date Assigned:</b>	07/22/2015	<b>Date of Injury:</b>	01/23/1998
<b>Decision Date:</b>	08/19/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/10/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 60 year old female, who sustained an industrial injury on 1/23/98. The injured worker was diagnosed as having right greater than left shoulder subacromial bursitis and rotator cuff tendinitis, status post remote bilateral carpal and cubital tunnel releases, cervical myofascial pain, and cervical radiculopathy. Treatment to date has included physical therapy, home exercise, epidural steroid injections, and medication. Currently, the injured worker complains of pain in bilateral wrists/hands, cervical spine, bilateral medial elbows, and bilateral shoulders. The treating physician requested authorization for Hydrocodone 10mg #60 and extra corporeal shock wave therapy 1 x 5 utilizing EMS Swiss Doctor DolorClest ESWT device, 2000 shocks at the level 2 (1.4 bar) per treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Extra corporeal shock wave therapy, once a week for 5 sessions, utilizing EMS Swiss Doctor DolorClest ESWT device, 2000 shocks at the level 2 (1.4 bar) per treatment:**

Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM web Shoulder Complaints, Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Extra-corporeal shockwave therapy.

**Decision rationale:** The CA-MTUS ACOEM shoulder guidelines state; Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. Medical records do not detail what conservative therapy was tried. There is evidence of failed steroid injections and physical therapy. The CA-MTUS ACOEM shoulder guidelines state; “Some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The ODG states that; Extracorporeal shock wave therapy (ESWT) has been suggested to be an effective treatment option for treating calcific tendinitis of the shoulder before surgery, but after conservative treatments, including physical therapy, iontophoresis, deep friction, local or systemic application of non-inflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection.” It further very clearly states that it is recommended for calcifying tendinitis but not for other shoulder disorders. There is no mention in the available record of a diagnosis of calcifying tendinitis, also, if this is the diagnosis there is no mention in the record of the multiple conservative treatments required before its use may be considered. As such, the request for Extra corporeal shock wave therapy, once a week for 5 sessions, utilizing EMS Swiss Doctor DolorClest ESWT device, 2000 shocks at the level 2 (1.4 bar) per treatment is not medically necessary.

**Hydrocodone 10mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids Page(s): 51, 74-95.

**Decision rationale:** ODG does not recommend the use of opioids for neck and low back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally,

medical documents indicate that the patient has been on an opioid in excess of the recommended 2-week limit. The treating physician does not detail sufficient information to substantiate the need for continued opioid medication. Prior utilization review has noted the need for tapering and weaning, which is appropriate. As such, the question for Hydrocodone 10mg #60 is not medically necessary.