

Case Number:	CM15-0135279		
Date Assigned:	07/23/2015	Date of Injury:	01/04/2013
Decision Date:	10/20/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/13/2015

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, Florida, 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 injured worker is a 39 year old female, who sustained an industrial injury on 1-4-2013. The injured worker was diagnosed as having status post right carpal tunnel release, status post right shoulder surgery, cervical sprain or strain, right shoulder impingement-calcific tendinitis of the supraspinatus and infraspinatus. The request for authorization is for: physical therapy continuation 3 x 4 for right wrist, physical therapy continuation 2 x 4 for right shoulder, extracorporeal shockwave therapy 3 sessions for the right shoulder (utilizing the EMS SWISS dolorclast ESWT device, 2000 shocks at the level 1.4 bar). The UR dated 6-25-2015: non-certified the request for physical therapy continuation 3 x 4 for right wrist, physical therapy continuation 2 x 4 for right shoulder, extracorporeal shockwave therapy 3 sessions for the right shoulder (utilizing the EMS SWISS dolorclast ESWT device, 2000 shocks at the level 1.4 bar). On 6-3-2015, she reported increased right shoulder pain which she rated the pain 8 out of 10. Right wrist and hand pain rated 6 out of 10, is indicated to be improved and there are a noted 3 sessions of therapy remaining. She also reported neck pain rated 5 out of 10. She is reportedly able to perform light household duties, grooming, shopping for groceries and cooking. Physical findings revealed a well healed incision on the right wrist, tenderness of the right wrist, diffuse tenderness and swelling of the right shoulder, decreased range of motion to the right shoulder, and tenderness with limited range of motion to the neck. There is spasm noted to the right deltoid-cervical trapezius area. The provider noted "significant objective improvement" for post-operative physical therapy of the right wrist and hand. She is reported to have "failed physical therapy previously due to pain" for the right shoulder. The treatment and diagnostic testing to

date has included: right carpal tunnel release (5-4-2015), right shoulder physical therapy, shoulder injection, ice, and medications, right shoulder surgery (2-10-2014), completed 12 physical therapy sessions for the right wrist and hand.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy continuation 3 times 4 for right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: PT continuation 3 x 4 right wrist. Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127 Key points for this review are: this claimant was injured in 2013 status post right carpal tunnel release, status post right shoulder surgery, cervical sprain or strain, right shoulder impingement-calcific tendinitis of the supraspinatus and infraspinatus. As of June, there still was right shoulder pain, right wrist and hand pain. There are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. The provider noted "significant objective improvement" for post-operative physical therapy of the right wrist and hand, but did not specify what it was. She is reported to have "failed physical therapy previously due to pain" for the right shoulder so the need to continue a failed modality is unclear. This request for more skilled, monitored therapy is not medically necessary.

Physical therapy continuation 2 times 4 for right shoulder: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 98 of 127. Key points for this review are: this claimant was injured in 2013 status post right carpal tunnel release, status post right shoulder surgery,

cervical sprain or strain, right shoulder impingement-calcific tendinitis of the supraspinatus and infraspinatus. As of June, there still was right shoulder pain, right wrist and hand pain. The provider noted "significant objective improvement" for post-operative physical therapy of the right wrist and hand, but did not specify what it was. She is reported to have "failed physical therapy previously due to pain" for the right shoulder. The MTUS does permit physical therapy in chronic situations, noting that one should allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The conditions mentioned are Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; and Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. This claimant does not have these conditions. And, after several documented sessions of therapy, it is not clear why the patient would not be independent with self-care at this point. Also, there are especially strong caveats in the MTUS/ACOEM guidelines against over treatment in the chronic situation supporting the clinical notion that the move to independence and an active, independent home program is clinically in the best interest of the patient. They cite: Although mistreating or under treating pain is of concern, an even greater risk for the physician is over treating the chronic pain patient. Over treatment often results in irreparable harm to the patient's socioeconomic status, home life, personal relationships, and quality of life in general. A patient's complaints of pain should be acknowledged. Patient and clinician should remain focused on the ultimate goal of rehabilitation leading to optimal functional recovery, decreased healthcare utilization, and maximal self actualization. The provider noted "significant objective improvement" for post-operative physical therapy of the right wrist and hand, but did not specify what it was. She is reported to have "failed physical therapy previously due to pain" for the right shoulder so the need to continue a failed modality is unclear. This request for more skilled, monitored therapy is not medically necessary.

Extracorporeal shockwave therapy 3 sessions for the right shoulder (utilizing the ems swiss dolorclast ESWT device, 2000 shocks at the level 1.4 bar): 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).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Shock Wave Therapy.

Decision rationale: Key points for this review are: this claimant was injured in 2013 status post right carpal tunnel release, status post right shoulder surgery, cervical sprain or strain, right shoulder impingement-calcific tendinitis of the supraspinatus and infraspinatus. As of June, there still was right shoulder pain, right wrist and hand pain. The provider noted "significant objective improvement" for post-operative physical therapy of the right wrist and hand, but did not specify what it was. She is reported to have "failed physical therapy previously due to pain" for the right shoulder. The current California web-based MTUS collection was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. The ODG recommends this procedure for the shoulder only for calcific

tendinitis, but no other conditions. The criteria for the use of Extracorporeal Shock Wave Therapy (ESWT) are: 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. It is not clear that criteria 2 is met, and that contraindications to the injections (item 3) have been duly addressed. The request is not medically necessary.