

Case Number:	CM15-0137162		
Date Assigned:	07/27/2015	Date of Injury:	11/28/2014
Decision Date:	09/22/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/15/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 59 year old female, who sustained an industrial injury on November 28, 2014. The injured worker reported that while uncovering a garbage bin the injured worker cut her right wrist causing her to let go of the lid where the lid subsequently hit her right shoulder and arm. The injured worker was diagnosed as having right shoulder strain and sprain, right shoulder tendinitis, rule out right shoulder rotator cuff tear, right elbow strain and sprain, status post right forearm laceration, right wrist strain and sprain, and rule out right wrist post traumatic carpal tunnel syndrome. Treatment and diagnostic studies to date has included four sessions of physical therapy, medication regimen, and x-rays of the right shoulder and right wrist. In a progress note dated May 27, 2015 the treating physician reports complaints of pain to the right shoulder, right elbow, right forearm, and to the right wrist. The treating physician also noted complaints of numbness and tingling to the right wrist. Examination reveals tenderness to palpation of the right shoulder, right elbow, right forearm, and the right wrist, along with decreased range of motion to the right shoulder, positive impingement and supraspinatus testing to the right shoulder, and positive Tinel's and Phalen's testing to the right wrist. The injured worker's pain level was rated a 7 out of 10 on a scale of 0 to 10. The documentation noted four prior sessions of physical therapy, but the documentation provided did not indicate if the injured worker experienced any functional improvement with prior physical therapy. The treating physician requested twelve sessions of physical therapy for the right upper extremity, one prime dual electrical stimulator (transcutaneous electrical nerve stimulation and electrical muscle stimulator), nerve conduction velocity with electromyogram of the bilateral upper extremities, and extracorporeal shockwave therapy for the right shoulder, but the documentation

provided did not contain the specific reasons for the requested treatments and study.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right upper extremity, 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 9 Shoulder Complaints Page(s): 15, 212 & 264, Chronic Pain Treatment Guidelines physical medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), shoulder (acute and chronic): physical therapy; elbow (acute and chronic, forearm, wrist and hand (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Management Page(s): 98, 99.

Decision rationale: The patient presents with pain in the right shoulder, right elbow and right wrist rated 8/10. The request is for PHYSICAL therapy for the right upper extremity 12 sessions. The request for authorization is dated 05/27/15. Physical examination of the right shoulder reveals there is a grade 2 tenderness to palpation, which has decreased from grade 2 to 3 on the last visit. There is restricted range of motion. Impingement and Supraspinatus tests are positive. Exam of right elbow reveals there is a grade 3 tenderness to palpation, which has increased from grade 2 to 3 on the last visit. There is restricted range of motion. Exam of right wrist reveals there is grade 2 tenderness to palpation, which has decreased from grade 2 to 3 on the last visit. There is restricted range of motion. Tinel's sign and Phalen's test are positive. She has completed 4 sessions of physical therapy. Patient's medication includes Motrin. Per progress report dated 07/08/15, the patient is on temporary total disability. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Per progress report dated 05/27/15, treater states, "She has completed 4 sessions of physical therapy." In this case, the request for 12 additional sessions of physical therapy would exceed what is recommended by MTUS for non post-op conditions. Therefore, the request is not medically necessary.

Prime dual electrical simulator (TENS-EMS) x 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TENS Page(s): 114-116.

Decision rationale: The patient presents with pain in the right shoulder, right elbow and right wrist rated 8/10. The request is for prime dual electric stimulator (tens-ems) x 1. The request for authorization is dated 05/27/15. Physical examination of the right shoulder reveals there is a grade 2 tenderness to palpation, which has decreased from grade 2 to 3 on the last visit. There is restricted range of motion. Impingement and Supraspinatus tests are positive. Exam of right elbow reveals there is a grade 3 tenderness to palpation, which has increased from grade 2 to 3 on the last visit. There is restricted range of motion. Exam of right wrist reveals there is grade 2 tenderness to palpation, which has decreased from grade 2 to 3 on the last visit. There is restricted range of motion. Tinel's sign and Phalen's test are positive. She has completed 4 sessions of physical therapy. Patient's medication includes Motrin. Per progress report dated 07/08/15, the patient is on temporary total disability. According to MTUS guidelines on the criteria for the use of TENS in chronic intractable pain: (p114-116) "a one-month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Electrical muscle stimulation (EMS) Section states, "Not recommended. The current evidence on EMS is either lacking, limited, or conflicting. There is limited evidence of no benefit from electric muscle stimulation compared to a sham control for pain in chronic mechanical neck disorders (MND). Most characteristics of EMS are comparable to TENS. The critical difference is in the intensity, which leads to additional muscle contractions. In general, it would not be advisable to use these modalities beyond 2-3 weeks if signs of objective progress towards functional restoration are not demonstrated. (Kjellman, 1999)" Treater does not discuss the request. Although MTUS recommends a 30 day trial of TENS, this request is for a dual unit, of which EMS or electrical muscle stimulator, also known as NMES is specifically not recommended for chronic pain. Additionally, treater has not provided reason for the request, nor documented objective progress towards functional restoration. This request for Prime Dual Electric Stimulator (TENS-EMS) does not meet guideline indications. Therefore, the request is not medically necessary.

NCV/EMG of the bilateral upper extremities x 1: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 212, 261 & 33.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303.

Decision rationale: The patient presents with pain in the right shoulder, right elbow and right wrist rated 8/10. The request is for NCV/EMG of the bilateral upper extremities x 1. The request for authorization is dated 05/27/15. Physical examination of the right shoulder reveals there is a grade 2 tenderness to palpation, which has decreased from grade 2 to 3 on the last visit. There is restricted range of motion. Impingement and Supraspinatus tests are positive. Exam of

right elbow reveals there is a grade 3 tenderness to palpation, which has increased from grade 2 to 3 on the last visit. There is restricted range of motion. Exam of right wrist reveals there is grade 2 tenderness to palpation, which has decreased from grade 2 to 3 on the last visit. There is restricted range of motion. Tinel's sign and Phalen's test are positive. She has completed 4 sessions of physical therapy. Patient's medication includes Motrin. Per progress report dated 07/08/15, the patient is on temporary total disability. For EMG, ACOEM Guidelines page 303 states "Electromyography, including H-reflex tests, may be useful to identify subtle, focal neurologic dysfunction in patients with low back symptoms lasting more than 3 or 4 weeks." ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Treater does not discuss the request. In this case, the patient continues with cervical pain. Given the patient's upper extremities symptoms, physical examination findings and diagnosis, EMG/NCV study would appear reasonable. There is no evidence that the patient has had a prior bilateral upper extremity EMG/NCV study done. The request appears to meet guidelines indication. Therefore, the request is medically necessary.

Extracorporeal shockwave therapy for the right shoulder (unknown sessions): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Extracorporeal shockwave therapy (ESWT).

Decision rationale: The patient presents with pain in the right shoulder, right elbow and right wrist rated 8/10. The request is for extracorporeal shockwave therapy for the right shoulder (unknown sessions). The request for authorization is dated 05/27/15. Physical examination of the RIGHT shoulder reveals there is a grade 2 tenderness to palpation, which has decreased from grade 2 to 3 on the last visit. There is restricted range of motion. Impingement and Supraspinatus tests are positive. Exam of RIGHT elbow reveals there is a grade 3 tenderness to palpation, which has increased from grade 2 to 3 on the last visit. There is restricted range of motion. Exam of right wrist reveals there is grade 2 tenderness to palpation, which has decreased from grade 2 to 3 on the last visit. There is restricted range of motion. Tinel's sign and Phalen's test are positive. She has completed 4 sessions of physical therapy. Patient's medication includes Motrin. Per progress report dated 07/08/15, the patient is on temporary total disability. ODG Guidelines, Shoulder (Acute & Chronic), Extracorporeal shockwave therapy (ESWT) states: "ESWT for shoulder problems: Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 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) Contraindicated in Pregnant women; Patients younger than 18

years of age; 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." Treater does not discuss the request. Physical examination of the RIGHT shoulder reveals there is a grade 2 tenderness to palpation, which has decreased from grade 2 to 3 on the last visit. There is restricted range of motion. Impingement and Supraspinatus tests are positive. However, review of provided medical records show no evidence the patient has calcifying tendinitis of the shoulder to indicate Extracorporeal Shockwave Therapy. Additionally, the request does not include the number of sessions. The request does not meet guidelines indication for Extracorporeal Shockwave Therapy. Therefore, the request is not medically necessary.