MAXIMUS Federal Services

Case Number:	CM15-0137749		
Date Assigned:	07/27/2015	Date of Injury:	05/07/2011
Decision Date:	09/22/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/16/2015

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 53 year old female with an industrial injury with dates of 04/16/2011 and 05/07/2011. The injury dated 04/16/2011 is documented as occurring when she was pushing a button on a pneumatic tube system. She felt a pulling sensation in her left shoulder. Two hours later when she pushed the button she heard a "huge pop" in her left shoulder radiating to her left wrist. The injury dated 05/07/2011 is documented as occurring when she was moving a stack of beams above her. The top beam weighing approximately 20 pounds fell and struck her head and neck. She noted dizziness and headache. Her diagnoses included left shoulder tendinitis impingement, partial rotator cuff tear, positive MRI; cervical strain/sprain rule out radiculitis/radiculopathy secondary to herniated cervical disc (cervical 4-5 and cervical 5-6) positive MRI and failed conservative care. Other diagnoses included bruxism, tinnitus, cephalgia, anxiety and depression and gastritis non-steroidal anti-inflammatory drug related. Comorbid condition was high cholesterol. Prior treatment included initial treatment of x- rays, CT, and MRI of the head, physical therapy and medications. She presents on 02/20/2015 with complaints of constant neck pain rated as 7/10. She also reported constant pain in her left shoulder. In regards to activities of daily living she reports she is able to do personal hygiene independently but with pain. She requires modifications of assistance with physical activities including dressing, cooking and house chores. She reports she is completely unable to perform physical activities including lifting, pushing and pulling. Exam of the cervical spine reveals tightness and muscle guarding. Spurling's test and foraminal compression test were positive. Range of motion of the left shoulder was decreased. There was tenderness of greater tuberosities

and rotator cuff muscles bilaterally. Impingement test was positive on the left. Current medications included Soma, Motrin, Xanax, Norco and Carisoprodol. The treatment plan consisted of nerve conduction studies to establish the presence of radiculitis/neuropathy, ultrasound guided corticosteroid injection to the left shoulder, interferential unit for pain relief and cervical traction kit to relieve pressure in the neck. Medications were also included in the plan. The treatment request is for: Retrospective EMG/NCV Bilateral upper extremities 02/20/2015; Retrospective Home Cervical traction Unit, purchase 02/20/2015; Retrospective Home Cervical traction Unit, purchase 02/20/2015; Retrospective ultrasound guided left shoulder injection 2/20/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective ultrasound guided left shoulder injection 2/20/2015: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Chapter, under Steroid injections, Shoulder Chapter, under Ultrasound guidance.

Decision rationale: The 53 year old patient complains of constant neck pain, rated at 7/10, along with constant left shoulder pain, as per progress report dated 02/20/15. The request is for RETROSPECTIVE ULTRASOUND GUIDED LEFT SHOULDER INJECTION 2/20/2015. There is no RFA for this case, and the patient's date of injury is 05/07/11. Diagnoses, as per progress report dated 02/20/15, included left shoulder tendinitis impingement and partial rotator cuff tear, cervical sprain/strain with herniated cervical discs at C4-5 and C5-6, bruxism, tinnitus, cephalgia, anxiety, depression, NSAID-induced gastritis, and r/o fibromyalgia. Medications included Soma, Motrin, Xanax, Norco, and Carisoprodol. Diagnoses, as per progress report dated 03/18/15, included mild right C5 radiculopathy, mild-to-moderate mild carpal tunnel syndrome, left ulnar nerve entrapment, and injury of left shoulder. The patient is off work, as per progress report dated 02/20/15.ACOEM page 204, Chapter 9, Shoulder, initial care states: Invasive techniques have limited proven value. If pain with elevation significantly limits activities, a subacromial injection of local anesthetic and a corticosteroid preparation may be indicated after conservative therapy (i.e., strengthening exercises and non-steroidal anti-inflammatory drugs) for two to three weeks. The evidence supporting such an approach is not overwhelming. The total number of injections should be limited to three per episode, allowing for assessment of benefit between injections. ACOEM page 213, Chapter 9 states: "Two or three subacromial injections of local anesthetic and cortisone preparation over an extended period as part of an exercise rehabilitation program to treat rotator cuff inflammation, impingement syndrome, or small tears. Diagnostic lidocaine injections to distinguish pain sources in the shoulder area. (e.g., impingement)" ODG Guidelines, Shoulder (Acute & Chronic) Chapter, under Steroid injections states: "Criteria for Steroid injections: Diagnosis of adhesive capsulitis, impingement syndrome, or rotator cuff problems, except for post-traumatic impingement of the shoulder; Not controlled adequately by recommended conservative treatments (physical therapy

and exercise, NSAIDs or acetaminophen), after at least 3 months; Pain interferes with functional activities (eg, pain with elevation is significantly limiting work); Intended for short-term control of symptoms to resume conservative medical management; Generally performed without fluoroscopic or ultrasound guidance; Only one injection should be scheduled to start, rather than a series of three; A second injection is not recommended if the first has resulted in complete resolution of symptoms, or if there has been no response; With several weeks of temporary, partial resolution of symptoms, and then worsening pain and function, a repeat steroid injection may be an option; The number of injections should be limited to three." ODG Shoulder Chapter, under Ultrasound guidance for shoulder injections: "In the shoulder, conventional anatomical guidance by an experienced clinician is generally adequate. While ultrasound guidance may improve the accuracy of injection to the putative site of pathology in the shoulder, it is not clear that this improves its efficacy." In this case, a retrospective request for left shoulder injection is noted in progress report 02/20/15. The treater states that the procedure will lead to "alleviation of pain and discomfort." As request for left shoulder injection was also made in progress report dated 02/28/13 which was reviewed in progress report dated 02/20/15. However, it is not clear if the patient received these injections or not. The Utilization Review has denied the request due to lack of documentation regarding failure of conservative care. Nonetheless, as per multiple progress reports reviewed in progress report dated 02/20/15, the patient has undergone extensive physical therapy and acupuncture, and has also used medic actions but continues to suffer from left shoulder pain. Hence, the patient may benefit from steroid injection. However, ODG guidelines do not support the use of ultrasound for shoulder injections. Therefore, the request for ultrasound guided bilateral shoulder injections IS NOT medically necessary.

Retrospective EMG/NCV BUE 02/20/2015: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 260-262.

Decision rationale: The 53 year old patient complains of constant neck pain, rated at 7/10, along with constant left shoulder pain, as per progress report dated 02/20/15. The request is for RETROSPECTIVE EMG/NCV BUE 02/20/2015. There is no RFA for this case, and the patient's date of injury is 05/07/11. Diagnoses, as per progress report dated 02/20/15, included left shoulder tendinitis impingement and partial rotator cuff tear, cervical sprain/strain with herniated cervical discs at C4-5 and C5-6, bruxism, Tinnitus, cephalgia, anxiety, depression, NSAID-induced gastritis, and r/o fibromyalgia. Medications included Soma, Motrin, Xanax, Norco, and Carisoprodol. Diagnoses, as per progress report dared 03/18/15, included mild right C5 radiculopathy, mild-to-moderate mild carpal tunnel syndrome, left ulnar nerve entrapment, and injury of left shoulder. The patient is off work, as per progress report dated 02/20/15. 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." In this case, the patient underwent EMG/NCV on 03/18/15 which revealed mild right C5 radiculopathy, mild- to-moderate carpal tunnel syndrome, and early entrapment of left ulnar nerve at left elbow. The retrospective request for this electrodiagnostic study is noted in progress report dated 02/20/15. As per the report, the patient suffers from neck pain and left shoulder pain. In the report, the treater is requesting for EMG/NCV "to establish the presence of radiculopathy/neuropathy." Physical examination of the cervical spine revealed positive Spurling's test and positive foramina compression test. Given the neurological symptoms, it appears that the patient may benefit from this testing as it can lead to accurate diagnosis and treatment. Hence, the request for EMG/NCV appears reasonable and IS medically necessary.

Retrospective Home Cervical traction Unit, purchase 02/20/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical).

Decision rationale: The 53 year old patient complains of constant neck pain, rated at 7/10, along with constant left shoulder pain, as per progress report dated 02/20/15. The request is for RETROSPECTIVE HOME CERVICAL TRACTION UNIT PURCHASE 02/20/2015. There is no RFA for this case, and the patient's date of injury is 05/07/11. Diagnoses, as per progress report dated 02/20/15, included left shoulder tendinitis impingement and partial rotator cuff tear, cervical sprain/strain with herniated cervical discs at C4-5 and C5-6, bruxism, tinnitus, cephalgia, anxiety, depression, NSAID-induced gastritis, and r/o fibromyalgia. Medications included Soma, Motrin, Xanax, Norco, and Carisoprodol. Diagnoses, as per progress report dated 03/18/15, included mild right C5 radiculopathy, mild-to-moderate mild carpal tunnel syndrome, left ulnar nerve entrapment, and injury of left shoulder. The patient is off work, as per progress report dated 02/20/15.ACOEM guidelines page 173 on C-spine traction states, "There is no high- grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction. These palliative tools may be used on a trial basis but should be monitored closely." Furthermore, page 181 ACOEM lists "traction" under "Not Recommended" section for summary of recommendations and evidence table 8-8. ODG-TWC, Neck and Upper Back (Acute & Chronic) Chapter, under Traction (mechanical) states: "Recommend home cervical patient controlled traction (using a seated over-the-door device or a supine device, which may be preferred due to greater forces), for patients with radicular symptoms, in conjunction with a home exercise program. Not recommend institutionally based powered traction devices. Several studies have demonstrated that home cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy. Cervical traction can provide symptomatic relief in over 80% of patients with mild to moderately severe (Grade 3) cervical spinal syndromes with radiculopathy." In this case, the treater is requesting for a cervical traction unit in progress report dated 02/20/15 "to relieve pressure in the neck and relieve the muscles and vertebrae in the neck." The patient suffers from pain in the cervical spine, rated at 7/10. MRI, dated

05/06/15, revealed early desiccation from C2-3 to C5-6, central disc protrusion and neural foraminal narrowing from C3-4 to C5-6, and grade I retrolisthesis of C4 over C5. ACOEM page 181 does not support traction devices. ODG indicates that there is some evidence of symptomatic relief from cervical traction in patients who present with grade 3 stenosis of the cervical spine. However, there is no such diagnosis in this case. The request is not within guideline criteria and therefore, IS NOT medically necessary.

Retrospective Interferential Unit purchase 02/20/2015: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

Decision rationale: The 53 year old patient complains of constant neck pain, rated at 7/10, along with constant left shoulder pain, as per progress report dated 02/20/15. The request is for RETROSPECTIVE INTERFERENTIAL UNIT PURCHASE 02/20/2015. There is no RFA for this case, and the patient's date of injury is 05/07/11. Diagnoses, as per progress report dated 02/20/15, included left shoulder tendinitis impingement and partial rotator cuff tear, cervical sprain/strain with herniated cervical discs at C4-5 and C5-6, bruxism, tinnitus, cephalgia, anxiety, depression, NSAID-induced gastritis, and r/o fibromyalgia. Medications included Soma, Motrin, Xanax, Norco, and Carisoprodol. Diagnoses, as per progress report dared 03/18/15, included mild right C5 radiculopathy, mild-to-moderate mild carpal tunnel syndrome, left ulnar nerve entrapment, and injury of left shoulder. The patient is off work, as per progress report dated 02/20/15.MTUS pages 118-120, under Interferential Current Stimulation has the following regarding ICS units: "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; Pain is ineffectively controlled with medications due to side effects; History of substance abuse; Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.) If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction." In this case, a request for IF unit purchase is noted in a progress report dated 02/20/15. The treater states that the IF unit is "for home use and pain relief. IF unit should be used for 30 minutes, 3 times a day, for 60 days to help control pain and inflammation and increase circulation." The patient has been unresponsive to conservative care. However, there is no indication of substance abuse or surgery. Additionally, the reports do not document a one-month trial with evidence of increased functional improvement, lower pain, and reduced medication use. Hence, the request IS NOT medically necessary.