Case Number:	CM15-0137869		
Date Assigned:	07/27/2015	Date of Injury:	01/28/2015
Decision Date:	09/18/2015	UR Denial Date:	06/16/2015
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: 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 42-year-old female, who sustained an industrial injury on January 28, 2015. The injured worker reported complaints of pain to the left forearm, wrist, and hand after a cabinet fell onto the injured worker's left arm. The injured worker was diagnosed as having left shoulder impingement syndrome with periscapular myofascial strain, left elbow contusion with medial and lateral epicondylitis with cubital tunnel syndrome, and left wrist sprain with tenosynovitis and carpal tunnel syndrome. Treatment and diagnostic studies to date has included medication regimen, use of cold packs, physical therapy, and x-rays of the right upper extremity. In a progress note dated May 18, 2015 the treating physician reports complaints of pain to the left shoulder, left upper arm, left elbow, left forearm, and left wrist pain. Examination reveals tenderness to the subacromial region to the anterior capsule, tenderness to the acromioclavicular joint and supraspinatus tendon, tenderness with guarding and spasm to the periscapular muscles to the upper trapezius muscles, positive impingement and cross arm testing, muscle weakness to the left shoulder, decreased range of motion to the left shoulder, tenderness to the lateral and medial epicondyle to the musclulotendinous junction, positive Cozen's and Reverse Cozen's test, positive Tinel's and bent elbow testing, paresthesia to the ulnar nerve distribution, decreased range of motion to the left elbow, slight effusion to the left wrist and the left hand with tenderness, tenderness to the tendons, positive Tinel's and Phalen's testing with paresthesia to the median nerve distribution, decreased range of motion to the left wrist, and decreased sensation to the left upper extremity to the median and ulnar nerve distributions. The documentation provided did not indicate the injured worker's current medication regimen, but documentation form January 28, 2015 noted prior request for Ibuprofen. The documentation provided

did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of her medication regimen. The treating physician requested an ultrasound of the left shoulder to assess for rotator cuff pathology and internal derangement. The treating physician requested an electromyogram with a nerve conduction velocity of the left upper extremity to assess for peripheral neuropathy. The treating physician also requested Dendracin Topical Lotion 120ml to be used for the injured worker's tendinitis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ultrasound of the left 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 - Treatment for Workers' Compensation 2012 on the web (www.odgtreatment.com) Work Loss Data Institute (www.worklossdata.com) (updated 08/15/12).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Ultrasound, Diagnostic Section.

Decision rationale: Per the MTUS guidelines, the primary criteria for ordering imaging studies for the shoulder are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems); Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud’s phenomenon); Failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment). Per the ODG, diagnostic ultrasound is recommended as follows: The results of a recent review suggest that clinical examination by specialists can rule out the presence of a rotator cuff tear, and that either MRI or ultrasound could equally be used for detection of full-thickness rotator cuff tears, although ultrasound may be better at picking up partial tears. Ultrasound also may be more cost-effective in a specialist hospital setting for identification of full-thickness tears. Ultrasound is a highly accurate imaging study for evaluating the integrity of the rotator cuff in shoulders that have undergone an operation. In this case, there is no documentation of red flags or impending surgery, therefore, the request for ultrasound of the left shoulder is determined to not be medically necessary.

Electromyography (EMG) of left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is evidence of radicular-type pain and a positive impingement sign. The request for electromyography (EMG) of left upper extremity is determined to be medically necessary.

Nerve conduction velocity (NCV) of the left upper extremity: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 178.

Decision rationale: The MTUS Guidelines state that unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to order imaging studies if symptoms persist. When neurologic examination is less clear, further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck or arm symptoms, or both, lasting more than three or four weeks. In this case, there is evidence of radicular-type pain and there is a positive impingement sign, therefore the request for nerve conduction velocity (NCV) of the left upper extremity is determined to be medically necessary.

Dendracin topical lotion 120ml: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Capsaicin Topical Section, Topical Analgesics Section Page(s): 28, 29, 111-113.

Decision rationale: Dendracin lotion contains the active ingredients methyl salicylate 30%, capsaicin 0.0375%, and menthol 10%. The use of topical analgesics are recommended as an option for the treatment of chronic pain, however, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. The MTUS Guidelines recommend the use of topical capsaicin only as an option in patients who have not responded or are intolerant to other treatments. There have been no studies of a 0.0375% formulation of capsaicin and there is no current indications that this increase over a 0.025% formulation would provide any further efficacy. Since capsaicin 0.0375% is not recommended by the guidelines, the use of Dendracin lotion is not recommended. The request for Dendracin topical lotion

120ml is determined to not be medically necessary.