

<b>Case Number:</b>	CM15-0139537		
<b>Date Assigned:</b>	07/29/2015	<b>Date of Injury:</b>	03/13/2012
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 43 year old male who sustained an industrial injury on 03/13/2012. There was no mechanism of injury documented. The injured worker was diagnosed with probable acromioclavicular separation, shoulder impingement, Tinel's cervical stenosis C4 through C7 and headaches of unknown etiology. The injured worker is status post left shoulder surgery (no date/procedure documented). Treatment to date has included diagnostic testing, activity modification, conservative measures, acupuncture therapy, left shoulder steroid injections, bracing, transcutaneous electrical nerve stimulation (TEN's) unit, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on May 26, 2015, the injured worker continues to experience low back pain with left lower extremity symptoms rate at 7 out of 10 on the pain scale, cervical pain rated 6 out of 10, left greater than right, left shoulder pain rated 7 out of 10, right shoulder pain rated 5 out of 10, headaches and Temporomandibular joint (TMJ) pain. Examination demonstrated tenderness of the cervical and lumbar spine with decreased range of motion. There was diminished sensation at C6 and C7 dermatomes, left side worse than the right side. Bilateral wrist extensors and flexors noted decreased motor strength. Upper extremity deep tendon reflexes were intact and symmetrical. The left shoulder showed no signs of infection with flexion at 110 degrees and abduction at 90 degrees. Moderate positive impingement signs were present. Right shoulder was diffusely tender. Tenderness at the temporomandibular Joint (TMJ) was noted. Current medications are listed as Hydrocodone, Tramadol ER 100mg, Cyclobenzaprine, Naproxen and Pantoprazole. Treatment plan consists of Electromyography (EMG)/Nerve Conduction Velocity

(NCV) of the bilateral upper extremities, consultation request for temporomandibular joint (TMJ) specialist, neurology consultation, continuing with medication regimen, transcutaneous electrical nerve stimulation (TEN's) unit, home exercise program and the current request for extracorporeal shockwave therapy to left shoulder times 5 sessions and Hydrocodone 10mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Extracorporeal shock wave therapy left shoulder x 5 sessions: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder chapter.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder- Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** Extracorporeal shock wave therapy left shoulder x 5 sessions is not medically necessary per the MTUS and the ODG Guidelines. The MTUS states that 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 ESWT is recommended for calcifying tendinitis but not for other shoulder disorders and there should be a maximum of 3 therapy sessions over 3 weeks. The documentation does not reveal imaging study evidence of calcific tendinitis of the left shoulder. Furthermore, the request for 5 sessions exceeds the guideline recommendation of 3 sessions. For these reasons the request for extracorporeal shock wave therapy left shoulder x 5 sessions is not medically necessary.

#### **Hydrocodone 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81, 86.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

**Decision rationale:** Hydrocodone 10mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted does not reveal the above pain assessment or clear evidence of monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation does not reveal an objective urine toxicology study.

The documentation does not reveal an updated signed pain contract. The documentation indicates increased shoulder pain despite taking Hydrocodone. The documentation does not reveal that there is an increase in function on Hydrocodone. The documentation does not reveal that the patient has changed his TTD work status. The request for Hydrocodone is not medically necessary.