

<b>Case Number:</b>	CM15-0142008		
<b>Date Assigned:</b>	07/31/2015	<b>Date of Injury:</b>	04/01/2010
<b>Decision Date:</b>	09/22/2015	<b>UR Denial Date:</b>	07/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/21/2015

### 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 47 year old male who sustained an industrial injury on 4-1-10. In a follow-up report dated 5-22-15, the treating physician notes a history of left knee and right shoulder arthroscopy, and steroid injection to the left knee and right shoulder, but it did not work out. The injured worker also has complaints of lower back pain which radiates to both lower extremities with bilateral knee pain. The lower back pain radiates to the left knee. Exam notes the right shoulder is much better than before. There is some decreased range of motion of the right knee, compression test, grinding test, drawer test, Lachmans's test and McMurray's test are all positive on the right knee. The impression is noted as cervical spine sprain-strain, right shoulder subacromial and subdeltoid bursitis, status post right shoulder arthroscopy, lumbar spine sprain-strain, lumbar spine disc herniation without myelopathy, bilateral medial meniscus tears, and status post left knee arthroscopy as well as left knee steroid injection. He continues with physical therapy. He remains off of work for 4 weeks. The requested treatment is electromyography-nerve conduction velocity of bilateral upper extremities, home exercise kit for shoulder and knee, Ultrasound unit, Flurbiprofen 20%-Lidocaine 5%, Amitriptyline 5% 180 grams, Gabapentin 6%-Tramadol 10% 180 grams, and hinged knee brace-left knee.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**EMG/NCV bilateral upper extremity: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The patient presents with neck pain, right shoulder pain, and low back pain radiating to bilateral lower extremities and bilateral knee pain. The request is for EMG/NCV bilateral upper extremities. Patient is status post right shoulder arthroscopic surgery and left knee arthroscopic surgery, dates unspecified. Physical examination to the cervical spine on 05/22/15 revealed tenderness to palpation to the paracervicals, trapezius, supraspinatus and infraspinatus muscles. Range of motion was limited in all planes. Per 04/17/15, patient's medications include cervical spine sprain/strain, right shoulder subacromial and subdeltoid bursitis, status post right shoulder arthroscopy, lumbar spine sprain/strain, lumbar spine disc herniation without myelopathy, bilateral medial meniscus tears and status post left knee arthroscopy as well as left knee steroid injection. Patient's medications, per 04/17/15 progress report include Naproxen and Pantoprazole. Per 05/22/15 progress report, patient is to remain off-work for four weeks. For EMG/NCV, ACOEM guidelines page 262 states, "appropriate electrodiagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. It may include nerve conduction studies or in more difficult cases, electromyography may be useful. 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". Review of the medical records provided does not indicate prior EMG/NCV of the upper extremities. The patient suffers from neck pain without radicular symptoms. The request for electrodiagnostic studies is noted in progress report dated 05/22/15. In this case, treater does not provide diagnosis, physical examination findings, nor discussion of cervical or arm symptoms to warrant electrodiagnostic studies to the upper extremities. Therefore, the request is not medically necessary.

**Home exercise kit shoulder, knee: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM. 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) Knee and Leg chapter under Home exercise kit.

**Decision rationale:** The patient presents with neck pain, right shoulder pain, and low back pain radiating to bilateral lower extremities and bilateral knee pain. The request is for Home exercise kit shoulder, knee. Patient is status post right shoulder arthroscopic surgery and left knee arthroscopic surgery, dates unspecified. Physical examination to the cervical spine on 05/22/15 revealed tenderness to palpation to the paracervicals, trapezius, supraspinatus and infraspinatus muscles. Range of motion was limited in all planes. Per 04/17/15, patient's medications include cervical spine sprain/strain, right shoulder subacromial and subdeltoid

bursitis, status post right shoulder arthroscopy, lumbar spine sprain/strain, lumbar spine disc herniation without myelopathy, bilateral medial meniscus tears and status post left knee arthroscopy as well as left knee steroid injection. Patient's medications, per 04/17/15 progress report include Naproxen and Pantoprazole. Per 05/22/15 progress report, patient is to remain off-work for four weeks. Shoulder section, ODG: Recommended. See Exercises, where home exercise programs are recommended; & Physical therapy, where active self-directed home physical therapy is recommended. In this RCT a specific shoulder home exercise program resulted in 69% good outcomes versus 24% in the sham exercise group, and 20% of patients in the specific exercise group subsequently chose to undergo surgery versus 63% in the control group. Treater has not discussed this request. No RFA was provided either. The patient is status post left knee and right shoulder arthroscopic surgeries, continues with pain in the right shoulder and knees, and is diagnosed with right shoulder subacromial and subdeltoid bursitis, and status post right shoulder arthroscopy. Given the strong support for exercise in general, and a specific recommendation for exercise kit found under shoulder chapter, the current request appears reasonable. The patient does present with shoulder pain as well. Therefore, the request is medically necessary.

**Ultrasound unit:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 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) Low Back Chapter under Therapeutic Ultrasound Knee and Leg Chapter (Acute and Chronic) under Therapeutic Ultrasound Shoulder Chapter under Ultrasound, therapeutic.

**Decision rationale:** The patient presents with neck pain, right shoulder pain, and low back pain radiating to bilateral lower extremities and bilateral knee pain. The request is for Ultrasound unit. Patient is status post right shoulder arthroscopic surgery and left knee arthroscopic surgery, dates unspecified. Physical examination to the cervical spine on 05/22/15 revealed tenderness to palpation to the paracervicals, trapezius, supraspinatus and infraspinatus muscles. Range of motion was limited in all planes. Per 04/17/15, patient's medications include cervical spine sprain/strain, right shoulder subacromial and subdeltoid bursitis, status post right shoulder arthroscopy, lumbar spine sprain/strain, lumbar spine disc herniation without myelopathy, bilateral medial meniscus tears, and status post left knee arthroscopy as well as left knee steroid injection. Patient's medications, per 04/17/15 progress report include Naproxen and Pantoprazole. Per 05/22/15 progress report, patient is to remain off-work for four weeks. ODG Guidelines, Low Back Chapter under Therapeutic Ultrasound states: "Not recommended based on the medical evidence, which shows that there is no proven efficacy in the treatment of acute low back symptoms. However, therapeutic ultrasound has few adverse effects, is not invasive, and is moderately costly, so where deep heating is desirable, providers and payors might agree in advance on a limited trial of ultrasound for treatment of acute LBP, but only if used as an adjunct to a program of evidence-based conservative care including exercise (but it is still not recommended by ODG)". ODG Guidelines, Knee and Leg Chapter (Acute and Chronic) under Therapeutic Ultrasound states: "Not recommended over other, simpler heat therapies.

Therapeutic ultrasound is one of several rehabilitation interventions used for the management of pain due to patellofemoral pain syndrome...The AHRQ Comparative Effectiveness Review of PT for knee arthritis concluded that ultrasound improved pain, gait and composite function measures but did not improve disability, and joint function measures. (Shamliyan, 2012)" "Criteria for the use of Ultrasound fracture healing: Fresh Fractures: Most fresh fractures heal without complications with the use of standard fracture care, i.e., closed reduction and cast immobilization. However, low intensity ultrasound treatment may be considered medically necessary for the treatment of fresh, closed or Grade I open fractures in skeletally mature adults when at least one of the following significant risk factors for delayed fracture healing or nonunion are present: ODG, Shoulder Chapter under Ultrasound, therapeutic states: "Recommended as indicated below. The evidence on therapeutic ultrasound for shoulder problems is mixed. (Philadelphia, 2001) Ultrasound provided clinically important pain relief relative to controls for patients with calcific tendonitis of the shoulder in the short term. (Ebenbichler-NEJM, 1999) But the evidence does not support use of ultrasound for other conditions of the shoulder. Treater has not provided reason for the request nor discussed how the unit is to be used or what body part to be treated. With regards to the patient's low back pain, ODG does not support the use therapeutic Ultrasound for the lumbar spine. The patient is status post left knee arthroscopic surgery, continues with pain in the bilateral knees, and is diagnosed with bilateral medial meniscus tears. Regarding the knees, the patient does not present with delayed fracture problem or patellofemoral pain for which therapeutic U/S may be indicated by guidelines. This patient is status post right shoulder arthroscopy and treater has not documented "calcific tendonitis," of the shoulder to indicate short-term use of requested therapeutic ultrasound. There is no indication of whether this unit is for rental or purchase or duration of use. This request is not in accordance with guidelines. Therefore, the request is not medically necessary.

**Flurbiprofen 20% / Lidocaine 5% / Amitriptyline 5% 180 Gms, Gabapentin 10% / Cyclobenzaprine 6% / Tramadol 10% 180 gms: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

**Decision rationale:** The patient presents with neck pain, right shoulder pain, and low back pain radiating to bilateral lower extremities and bilateral knee pain. The request is for Flurbiprofen 20%/Lidocaine 5%/Amitriptyline 5% 180 Gms, Gabapentin 10%/ Cyclobenzaprine 6%/ Tramadol 10% 180 gms. Patient is status post right shoulder arthroscopic surgery and left knee arthroscopic surgery, dates unspecified. Physical examination to the cervical spine on 05/22/15 revealed tenderness to palpation to the paracervicals, trapezius, supraspinatus and infraspinatus muscles. Range of motion was limited in all planes. Per 04/17/15, patient's medications include cervical spine sprain/strain, right shoulder subacromial and subdeltoid bursitis, status post right shoulder arthroscopy, lumbar spine sprain/strain, lumbar spine disc herniation without myelopathy, bilateral medial meniscus tears and status post left knee arthroscopy as well as left knee steroid injection. Patient's medications, per 04/17/15 progress report include Naproxen and

Pantoprazole. Per 05/22/15 progress report, patient is to remain off-work for four weeks. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. MTUS further states, "Non FDA-approved agents: Ketoprofen: This agent is not currently FDA approved for a topical application. It has an extremely high incidence of photo contact dermatitis. Topical lidocaine, in the formulation of a dermal patch (Lidoderm) has been designated for orphan status by the FDA for neuropathic pain. Lidoderm is also used off-label for diabetic neuropathy. No other commercially approved topical formulations of lidocaine (whether creams, lotions or gels) are indicated for neuropathic pain. Gabapentin: Not recommended. Baclofen: Not recommended. Other muscle relaxants: There is no evidence for use of any other muscle relaxant as a topical product". Treater has not discussed request; no RFA was provided either. The request is for two different topical compound creams. MTUS page 111 states that if one of the compounded topical products is not recommended, then the entire product is not. In this case, the requested topical compound contains Lidocaine, Gabapentin, Cyclobenzaprine and Tramadol which are not supported for topical use in cream form, per MTUS. This request for two topical compound creams is not in accordance with guideline indications. Therefore, the request is not medically necessary.

**Hinged knee brace, left knee:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic) Chapter under Knee Brace.

**Decision rationale:** The patient presents with neck pain, right shoulder pain, and low back pain radiating to bilateral lower extremities and bilateral knee pain. The request is for Hinged knee brace, left knee. Patient is status post right shoulder arthroscopic surgery and left knee arthroscopic surgery, dates unspecified. Physical examination to the cervical spine on 05/22/15 revealed tenderness to palpation to the paracervicals, trapezius, supraspinatus and infraspinatus muscles. Range of motion was limited in all planes. Per 04/17/15, patient's medications include cervical spine sprain/strain, right shoulder subacromial and subdeltoid bursitis, status post right shoulder arthroscopy, lumbar spine sprain/strain, lumbar spine disc herniation without myelopathy, bilateral medial meniscus tears and status post left knee arthroscopy as well as left knee steroid injection. Patient's medications, per 04/17/15 progress report include Naproxen and Pantoprazole. Per 05/22/15 progress report, patient is to remain off-work for four weeks. ACOEM pg 338, table 13-3 Methods of Symptom control for knee complaints, under Options, for meniscal tears, collateral ligament strain, cruciate ligament tear, "Immobilizer only if needed" Under Patellofemoral syndrome a knee sleeve is an option. ODG guidelines, Knee & Leg (Acute & Chronic) Chapter under Knee Brace does recommend knee brace for the following conditions, "Knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty,

painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture. It further states "Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program". Treater has not provided reason for the request. Patient is status post left knee arthroscopic surgery and suffers with low back pain that radiates to the bilateral knees. In this case, there are no discussions of knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture. There are no meniscal tears, collateral ligament strain, cruciate ligament tear noted in available progress reports. Treater does not mention that the patient is going to be stressing the knee under load, either. The request does not meet guideline indications. Therefore, the request for a right knee hinged brace is not medically necessary.