

Case Number:	CM15-0142725		
Date Assigned:	08/03/2015	Date of Injury:	03/03/2015
Decision Date:	09/08/2015	UR Denial Date:	07/10/2015
Priority:	Standard	Application Received:	07/23/2015

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 33 year old male, who sustained an industrial injury on 3-3-2015. He reported acute left shoulder pain with development of right elbow pain after carrying a ladder and routine repetitive activity. Diagnoses include rule out left shoulder impingement, rotator cuff pathology, right lateral epicondylitis, and rule out right radial tunnel syndrome. Treatments to date include NSAID, cortisone injection, rest, ice and physical therapy. Currently, he complained of left shoulder pain and right elbow pain with weakness. On 6-13-15, the physical examination documented positive impingement testing and tenderness of the left shoulder with atrophy noted to the left deltoid muscle. The right elbow was tender with swelling noted. The plan of care included a prescription for Hydrocodone 5mg tablets; urine toxicology; and five extracorporeal shockwave therapy sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

5 extracorporeal shockwave therapy sessions utilizing the EMS Swiss DolorClast ESWT device, 2000 chocks at the level 2 (1.4bar) per treatment session: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

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

Decision rationale: This patient presents with left shoulder and right elbow patient. The current request is for 5 extracorporeal shockwave therapy sessions utilizing the EMS Swiss Dolor Clast ESWT device, 2000 shocks at the level 2. The RFA is dated 07/06/15. Treatments to date include NSAID, tramadol, cortisone injection, rest, ice and physical therapy. The patient is TTD. ODG Guidelines, Elbow, Hand & Wrist Chapter under Extracorporeal shockwave therapy (ESWT) states that it is recommended for "Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment." According to progress report 06/13/15, the patient reports continued left shoulder and right elbow pain, rated 8/10. Physical examination documented positive impingement testing and tenderness of the left shoulder with atrophy noted to the left deltoid muscle. The right elbow was tender with swelling noted. The treater recommended ESWT as the "right elbow tendinitis/epicondylitis is documented with consistent exam findings." There is no indication of prior ESWT treatment for the right elbow. ODG supports a trial of ESWT for patients with persistent pain from lateral epicondylitis "despite six months of standard treatment." In this case, the patient's date of injury is 03/03/15. The request for ESWT was made following less than 4 months of conservative treatment. The request is not within ODG guideline criteria; therefore, the request IS NOT medically necessary.

Hydrocodone 5mg: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for initiating opioids Page(s): 76, 78.

Decision rationale: This patient presents with left shoulder and right elbow patient. The current request is for Hydrocodone 5mg. The RFA is dated 07/06/15. Treatments to date include NSAID, tramadol, cortisone injection, rest, ice and physical therapy. The patient is TTD. MTUS Guidelines page 76 to 78, under the criteria for initiating opioids, recommend that reasonable alternatives have been tried, concerning the patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessment should be provided. Once the criteria have been met, a new course of opioids maybe tried at this time MTUS states that "Functional assessment should be made before initiating a new opioid. Function should include social, physical, psychological, daily and work activities." This is an initial request for Hydrocodone. On 06/13/15, the patient reported pain level as 8/10 for the left shoulder and right lateral elbow. The patient complained of nausea with tramadol and the treater recommended "Hydrocodone 5mg twice a day discontinued Tramadol." Given the patient's continued pain and side effects with Tramadol, initiating a trial of Hydrocodone is reasonable. This request IS medically necessary.

Urine Toxicology: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter for Urine Drug Testing.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines, under Drug Testing, page 43 states: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. ODG-TWC Guidelines, online, Pain chapter for Urine Drug Testing states: "Patients at "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. Patients at "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. Patients at "high risk" of adverse outcomes may require testing as often as once per month. This category generally includes individuals with active substance abuse disorders." This patient has been utilizing Tramadol and on 06/13/15, the treater discontinued Tramadol and initiated Hydrocodone due to nausea. Per report 06/13/15, "baseline toxicology screen" was initiated. The treater has not provided patient's risk profile. There is no indicated that a urine drug screen was done in 2015, and given that the patient's medication regimen includes an opioid, a UDS is within guidelines. This request IS medically necessary.