MAXIMUS Federal Services

Case Number:	CM15-0163202		
Date Assigned:	08/31/2015	Date of Injury:	02/12/2004
Decision Date:	10/05/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/19/2015

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:

This 65 year old female sustained an industrial injury to the shoulders, elbows, arms, wrists, hands and neck via cumulative trauma on 12-15-04. Recent treatment consisted of home exercise and medications. In an initial evaluation dated 7-22-15, the injured worker complained of pain to the wrists, shoulders, clavicles, neck, arms, low back, knees and shins, rated 6 to 8 out of 10 on the visual analog scale associated with numbness and tingling. The injured worker also complained of anxiety, stress and insomnia. Physical exam was remarkable for tenderness to palpation to palpation to the neck, shoulders, arms, forearms, wrists, elbows and hands with decreased range of motion to the cervical spine and right shoulder. The physician noted that right shoulder magnetic resonance imaging (2-25-15) showed a round area of signal dropout anterior to the biceps tendon representing previous surgery and a supraspinatus tendon tear with fluid in the bursa indicating a full thickness tear. Current diagnoses included cervical intervertebral disc displacement without myelopathy, adhesive capsulitis shoulder and trigger finger. The treatment plan included requesting the injured worker's medical records, an orthopedic consultation for evaluation of the right shoulder, shockwave ultrasound therapy for the right shoulder and a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 shockwave ultrasound therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 14 Ankle and Foot Complaints Page(s): 180, 203. Decision based on Non- MTUS Citation Official Disability Guidelines (ODG), Extracorporeal shock wave therapy (ESWT).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back chapter under Extracorporeal shock wave therapy Shoulder Chapter, under Extracorporeal Shockwave Treatment.

Decision rationale: The 65 year old patient complains of cervical, bilateral shoulder, bilateral wrist, bilateral arm, lumbar, and bilateral knee pain, rated at 7/10, along with anxiety, stress and insomnia, as per progress report dated 07/22/15. The request is for 4 SHOCKWAVE ULTRASOUND THERAPY SESSIONS. The RFA for this case is dated 07/22/15, and the patient's date of injury is 02/12/04. Diagnoses, as per progress report dated 07/22/15, included cervical intervertebral disc displacement, shoulder adhesive capsulitis, and trigger finger. The patient is temporarily totally disabled, as per the same progress report. ODG guidelines, Neck and Upper Back chapter under Extracorporeal shock wave therapy (ESWT) states: Not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. ODG Guidelines, Shoulder Chapter, under Extracorporeal Shockwave Treatment (ESWT) states: Recommended for calcifying tendinitis, but not for other disorders, for patients with calcifying tendinitis of the shoulder in homogeneous deposits, quality evidence have found extracorporeal shock wave therapy equivalent or better than surgery and it may be given priority because of its non-invasiveness. Criteria for the use of Extracorporeal Shock Wave Therapy (ESWT): 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) At least three conservative treatments have been performed prior to use of ESWT. These would include: a. Rest, b. Ice, c. NSAIDs, d. Orthotics, e. Physical Therapy, e. Injections (Cortisone). 3) Contraindicated in Pregnant women; Patients younger than 18 years of age; Patients with blood clotting diseases, infections, tumors, cervical compression, arthritis of the spine or arm, or nerve damage; Patients with cardiac pacemakers; Patients who had physical or occupational therapy within the past 4 weeks; Patients who received a local steroid injection within the past 6 weeks; Patients with bilateral pain; Patients who had previous surgery for the condition. 4) Maximum of 3 therapy sessions over 3 weeks. The request for shockwave therapy is noted in progress report dated 07/22/15. The treater does not indicate the purpose of this treatment modality nor does the treater specify the targeted body part. ODG does not support the use of shockwave therapy for back pain. There is no diagnoses of calcifying tendinitis for which ESWT is recommended by ODG. Given the lack of relevant documentation, the request IS NOT medically necessary.

1 prescription for Norco 10/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The 65 year old patient complains of cervical, bilateral shoulder, bilateral wrist, bilateral arm, lumbar, and bilateral knee pain, rated at 7/10, along with anxiety, stress and insomnia, as per progress report dated 07/22/15. The request is for 1 PRESCRIPTION FOR NORCO 10/325mg #80. The RFA for this case is dated 07/22/15, and the patient's date of injury is 02/12/04. Diagnoses, as per progress report dated 07/22/15, included cervical intervertebral disc displacement, shoulder adhesive capsulitis, and trigger finger. The patient is temporarily totally disabled, as per the same progress report. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." In this case, Norco is first noted in progress report dated 08/19/08. It is not clear when this medication was initiated. As per progress report dated 06/26/15, the CURES report was appropriate. There is no abuse or hoarding. The treater also ordered an UDS during the visit. The treater, however, does not discuss efficacy of the medication. There is no documentation of change in pain scale that demonstrates reduction in pain nor does the treater provide specific examples that indicate improvement in function due to the use of this medication. There is no discussion regarding side effects of Norco as well. MTUS requires a clear documentation regarding impact of Norco on 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior, for continued use. Hence, the request IS NOT medically necessary.