

<b>Case Number:</b>	CM15-0186470		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/01/2014
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	09/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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, Pain Management, 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 62 year old, male who sustained a work related injury on 9-1-14. A review of the medical records shows he is being treated for right shoulder and elbow pain. Treatments have included physical therapy (unknown number of sessions or what body part was treated), electrical stimulation as part of physical therapy and acupuncture (unknown number of sessions or what body part was treated). There is insufficient documentation as to how these treatments helped to relieve pain or increased functional capabilities. Current medications are not listed. In the progress notes dated 9-14-15, the injured worker reports "activity-dependent to constant moderate sharp, throbbing, burning" right shoulder pain. He reports he gets pain relief from medication, physical therapy and acupuncture. He reports "frequent moderate achy, sharp" right elbow pain with tenderness. He gets pain relief from medication, physical therapy and acupuncture. These symptoms have not varied much from previous progress notes. On physical exam, right shoulder range of motion is decreased and painful. He has tenderness to palpation of right shoulder joint. He has decreased and painful right elbow range of motion. He has tenderness to palpation of right elbow joint. He is working modified duty. The treatment plan includes requests for an orthopedic consult for right elbow, for acupuncture, for physical therapy, for TENS unit therapy and for Extracorporeal Shock Wave Therapy. In the Utilization Review, dated 9-16-15, the requested treatments of Acupuncture 6 visits for right elbow and right shoulder, physical therapy x 6 sessions for right elbow and right shoulder, Extracorporeal Shock Wave Therapy to right elbow, an orthopedic consult and a TENS-EMS neurostimulator are all not medically necessary and found non-certified.

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

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

**Acupuncture 2x3 for the right elbow and right shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** MTUS 2009 states that after an initial trial of acupuncture that additional acupuncture can be considered if there is objective functional improvement. The patient has already undergone acupuncture without any significant functional carryover benefit. Therefore, this request for additional acupuncture does not adhere to MTUS 2009 and is not medically necessary

**Physical therapy 2x3 for the right elbow and right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** MTUS 2009 states up to nine sessions of physical therapy is an option to treat myalgias. This patient has already exceeded this number of sessions. The patient continues to have significant functional deficits even after participating in physical therapy exceeding MTUS 2009 recommendations. This request for physical therapy is not medically necessary since the patient has not responded with significant improvement to past therapy sessions.

**Extracorporeal shock-wave therapy for the right elbow:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow: ESWT.

**Decision rationale:** ODG recommends against extracorporeal shockwave therapy since there is no evidence that it is effective. The medical records that have any explanation as to why ODG is incorrect. This request for shockwave therapy is not medically necessary since there is no evidence supporting efficacy.

**DME: Duet stim TENS/EMS neurostimulator, one month rental:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

**Decision rationale:** MTUS 2009 states that the tens unit trial is an option as part of the functionally restorative treatment program. The current treatment scope does not include any functional goals or any indication that electrical stimulation made a meaningful difference in treatment in physical therapy. This request for an electrical stimulation unit and tens unit trail does not adhere to MTUS 2009 and is not medically necessary.

**Orthopedic consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Surgical Considerations, Follow-up Visits.

**Decision rationale:** MTUS 2009 states that a consultation can be obtained to assist with diagnosis, prognosis or treatment. The patient has already had an evaluation with an orthopedic surgeon as recommended by guidelines. The medical records not explain why an additional orthopedic evaluation is needed in this case. Therefore this request for another orthopedic consultation is not medically necessary.