

Case Number:	CM15-0189842		
Date Assigned:	10/12/2015	Date of Injury:	08/07/2015
Decision Date:	12/15/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/27/2015

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: Emergency 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 56 year old individual who sustained an industrial injury on 8-7-15. The medical records indicate that the injured worker is being treated for left eye blurred vision; cervical musculoligamentous strain-sprain with radiculitis, rule out cervical spine discogenic disease; thoracic musculoligamentous sprain-strain; lumbosacral musculoligamentous sprain-strain, rule out radiculitis; rule out lumbosacral spine discogenic disease; bilateral shoulder sprain-strain; bilateral shoulder tendinosis; bilateral left elbow sprain-strain; bilateral wrist sprain-strain; rule out bilateral wrist carpal tunnel syndrome; bilateral knee sprain-strain; rule out right knee internal derangement; rule out right knee meniscal tear; bilateral ankle strain-sprain; bilateral foot plantar fasciitis. The injured worker currently (8-21-15) complains of left eye redness, pain in the neck, back, bilateral shoulders, arms, elbows, wrists, knees, ankles, and feet. On physical exam there was left eye redness; cervical spine tenderness to palpation and bilateral spasms, decreased range of motion and positive compression test; thoracic spine had tenderness to palpation and muscle spasms bilaterally; there was lumbar spine tenderness to palpation, decreased range of motion, positive straight leg raise; bilateral shoulder tenderness to palpation, decreased range of motion, positive Neer's-Codman tests bilaterally, positive supraspinatus test right shoulder; bilateral elbow tenderness to palpation, positive Cozen's test bilaterally; bilateral wrist tenderness to palpation, positive Tinel's-Phalen's tests bilaterally, decreased motor strength; tenderness to palpation bilateral knees, patelofemoral grinding-McMurray's test bilaterally; bilateral ankle tenderness, positive Talar tilt bilaterally; bilateral tenderness of the feet to palpation. The injured worker was evaluated for physical therapy 9-3-15. It was unclear how many sessions were done, if any besides the evaluation. Prior treatments (including

medications) were not present. It appears that the requests for authorization were initial requests. The request for authorization dated 8-21-15 was for physical therapy evaluation and treatment 3 times per week for 4 weeks, lumbar spine, thoracic spine, cervical spine, bilateral shoulders, bilateral elbows, bilateral knees, bilateral ankles, bilateral feet; X-rays right shoulder; X-rays lumbosacral spine; electromyography-nerve conduction velocity bilateral upper extremities; electric shock wave therapy 1 times 4, right shoulder; transcutaneous electrical nerve stimulator unit; Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 180 grams; Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%, 180 grams 1 wrists. On 9-15-15 Utilization Review non-certified the requests for physical therapy evaluation and treatment 3 times per week for 4 weeks, lumbar spine, thoracic spine, cervical spine, bilateral shoulders, bilateral elbows, bilateral knees, bilateral ankles, bilateral (physical therapies modified to times 6; X-rays right shoulder; X-rays lumbosacral spine; electromyography-nerve conduction velocity bilateral upper extremities; electric shock wave therapy 1 times 4, right shoulder; transcutaneous electrical nerve stimulator unit; Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5% 180 grams; Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%, 180 grams, 1 wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy evaluation and treatment three times a week for four weeks for the lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines and the Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Lumbar & Thoracic (acute & chronic)/Physical therapy.

Decision rationale: The request is for physical therapy. The ODG state the following regarding this topic: ODG Physical Therapy Guidelines, allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial." Lumbar sprains and strains: 10 visits over 8 weeks; Sprains and strains of unspecified parts of back: 10 visits over 5 weeks; Sprains and strains of sacroiliac region: Medical treatment: 10 visits over 8 weeks; Lumbago; Backache, unspecified: 9 visits over 8 weeks; Intervertebral disc disorders without myelopathy: Medical treatment: 10 visits over 8 weeks; Post-injection treatment: 1-2 visits over 1 week; Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks; Post-surgical treatment (arthroplasty): 26 visits over 16 weeks; Post-surgical treatment (fusion, after graft maturity): 34 visits over 16 weeks; Intervertebral disc disorder with myelopathy: Medical treatment: 10 visits over 8 weeks; Post-surgical treatment: 48 visits over 18 weeks; Spinal stenosis: 10 visits over 8 weeks; Sciatica; Thoracic/lumbosacral neuritis/radiculitis, unspecified: 10-12 visits over 8 weeks; Curvature of spine: 12 visits over 10 weeks; Fracture of vertebral column without spinal

cord injury: Medical treatment: 8 visits over 10 weeks; Post-surgical treatment: 34 visits over 16 weeks; Fracture of vertebral column with spinal cord injury: Medical treatment: 8 visits over 10 weeks; Post-surgical treatment: 48 visits over 18 weeks; Torticollis: 12 visits over 10 weeks; Other unspecified back disorders: 12 visits over 10 weeks; Work conditioning (See also Procedure Summary entry): 10 visits over 8 weeks. In this case, the request is not guideline-supported. This is secondary to the number of requested sessions. An initial six-visit clinical trial is required and with functional improvement seen, further therapy is allowed. As such, the request is not medically necessary.

Physical therapy evaluation and treatment three times a week for four weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines and the Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck/Physical therapy (PT).

Decision rationale: The request is for physical therapy. The official disability guidelines state the following regarding this topic: ODG Physical Therapy Guidelines, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial." Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks; Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks; Displacement of cervical intervertebral disc (ICD9 722.0): Medical treatment: 10 visits over 8 weeks; Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks; Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks; Degeneration of cervical intervertebral disc (ICD9 722.4): 10-12 visits over 8 weeks; See 722.0 for post-surgical visits; Brachia neuritis or radiculitis NOS (ICD9 723.4): 12 visits over 10 weeks; See 722.0 for post-surgical visits; Post Laminectomy Syndrome (ICD9 722.8): 10 visits over 6 weeks; Fracture of vertebral column without spinal cord injury (ICD9 805): Medical treatment: 8 visits over 10 weeks; Post-surgical treatment: 34 visits over 16 weeks; Fracture of vertebral column with spinal cord injury (ICD9 806): Medical treatment: 8 visits over 10 weeks; Post-surgical treatment: 48 visits over 18 weeks Work conditioning (See also Procedure Summary entry): 10 visits over 4 weeks. In this case the number of requested treatments is not supported by the guidelines. As stated, a six-visit clinical trial is indicated with continued therapy depending on the diagnosis. In this case, an initial 6 sessions are indicated. As such, the request is not medically necessary.

Physical therapy evaluation and treatment three times a week for four weeks for the thoracic spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines and the Low Back Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck & upper back (acute & chronic)/Physical therapy (PT).

Decision rationale: The request is for physical therapy. The official disability guidelines state the following regarding this topic: ODG Physical Therapy Guidelines, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface, including assessment after a "six-visit clinical trial." Cervicalgia (neck pain); Cervical spondylosis (ICD9 723.1; 721.0): 9 visits over 8 weeks; Sprains and strains of neck (ICD9 847.0): 10 visits over 8 weeks; Displacement of cervical intervertebral disc (ICD9 722.0): Medical treatment: 10 visits over 8 weeks; Post-injection treatment: 1-2 visits over 1 week Post-surgical treatment (discectomy/laminectomy): 16 visits over 8 weeks; Post-surgical treatment (fusion, after graft maturity): 24 visits over 16 weeks; Degeneration of cervical intervertebral disc (ICD9 722.4): 10-12 visits over 8 weeks; See 722.0 for post-surgical visits; Brachia neuritis or radiculitis NOS (ICD9 723.4): 12 visits over 10 weeks; See 722.0 for post-surgical visits; Post Laminectomy Syndrome (ICD9 722.8): 10 visits over 6 weeks; Fracture of vertebral column without spinal cord injury (ICD9 805): Medical treatment: 8 visits over 10 weeks; Post-surgical treatment: 34 visits over 16 weeks; Fracture of vertebral column with spinal cord injury (ICD9 806): Medical treatment: 8 visits over 10 weeks; Post-surgical treatment: 48 visits over 18 weeks Work conditioning (See also Procedure Summary entry): 10 visits over 4 weeks; In this case the number of requested treatments is not supported by the guidelines. As stated, a six-visit clinical trial is indicated with continued therapy depending on the diagnosis. In this case, an initial 6 sessions are indicated. As such, the request is not medically necessary.

Physical therapy evaluation and treatment three times a week for four weeks for the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines and the Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic)/Physical therapy.

Decision rationale: The request is for physical therapy of the shoulder. The official disability guidelines state the following regarding this topic: ODG Physical Therapy Guidelines, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Rotator cuff syndrome/Impingement syndrome: Medical treatment: 10 visits over 8 weeks; Post-injection treatment: 1-2 visits over 1 week; Post-surgical treatment,

arthroscopic: 24 visits over 14 weeks; Post-surgical treatment, open: 30 visits over 18 weeks; Complete rupture of rotator cuff: Post-surgical treatment: 40 visits over 16 weeks; Adhesive capsulitis: Medical treatment: 16 visits over 8 weeks; Post-surgical treatment: 24 visits over 14 weeks; Dislocation of shoulder: Medical treatment: 12 visits over 12 weeks; Post-surgical treatment (Bankart): 24 visits over 14 weeks; Acromioclavicular joint dislocation: AC separation, type III+: 8 visits over 8 weeks; Sprained shoulder; rotator cuff: Medical treatment: 10 visits over 8 weeks; Medical treatment, partial tear: 20 visits over 10 weeks; Post-surgical treatment (RC repair/acromioplasty): 4 visits over 14 weeks; Superior glenoid labrum lesion: Medical treatment: 10 visits over 8 weeks; Post-surgical treatment (labral repair/SLAP lesion): 24 visits over 14 weeks; Arthritis (Osteoarthritis; Rheumatoid arthritis; Arthropathy, unspecified): Medical treatment: 9 visits over 8 weeks; Post-injection treatment: 1-2 visits over 1 week; Post-surgical treatment, arthroplasty, shoulder: 24 visits over 10 weeks; Brachial plexus lesions; (Thoracic outlet syndrome): Medical treatment: 14 visits over 6 weeks; Post-surgical treatment: 20 visits over 10 weeks; Fracture of clavicle: 8 visits over 10 weeks; Fracture of scapula: 8 visits over 10 weeks; Fracture of humerus: Medical treatment: 18 visits over 12 weeks; Post-surgical treatment: 24 visits over 14 weeks; In this case, the number of treatments requested is not guidelines-supported. The documentation indicates a shoulder strain which would allow 10 visits over 8 weeks. As such, the request is not medically necessary.

Physical therapy evaluation and treatment three times a week for four weeks for the bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines and the Elbow Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (Acute & Chronic)/Physical therapy.

Decision rationale: The request is for physical therapy. The official disability guidelines state the following regarding this topic: ODG Physical Therapy Guidelines, General: Up to 3 visits contingent on objective improvement documented (i.e., VAS improvement of greater than 4). Further trial visits with fading frequency up to 6 contingent on further objectification of long-term resolution of symptoms, plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Sprains and strains of elbow and forearm: Medical treatment: 9 visits over 8 weeks; Post-surgical treatment/ligament repair: 24 visits over 16 weeks; Lateral epicondylitis/Tennis elbow: Medical treatment: 8 visits over 5 weeks; Post-surgical treatment: 12 visits over 12 weeks; Medial epicondylitis/Golfers' elbow: Medical treatment: 8 visits over 5 weeks; Post-surgical treatment: 12 visits over 12 weeks; Enthesopathy of elbow region: Medical treatment: 8 visits over 5 weeks; Post-surgical treatment: 12 visits over 12 weeks; Ulnar nerve entrapment/Cubital tunnel syndrome: Medical treatment: 14 visits over 6 weeks; Post-surgical treatment: 20 visits over 10 weeks; Olecranon bursitis: Medical treatment: 8 visits over 4 weeks; Dislocation of elbow: Stable dislocation: 6 visits over 2 weeks; Unstable dislocation, post-surgical treatment: 10 visits over 9 weeks; Fracture of radius/ulna: Post-surgical treatment: 16 visits over 8 weeks; Fracture

of humerus: Medical treatment: 18 visits over 12 weeks; Post-surgical treatment: 24 visits over 14 weeks; Ill-defined fractures of upper limb: 8 visits over 10 weeks; Arthropathy, unspecified: Post-surgical treatment, arthroplasty, elbow: 24 visits over 8 weeks; Rupture of biceps tendon: Post-surgical treatment: 24 visits over 16 weeks; Traumatic amputation of arm: Post-replantation surgery: 48 visits over 26 weeks. In this case, the number of requested treatments is not guidelines-supported which state, "Up to 3 visits contingent on objective improvement documented (i.e., VAS improvement of greater than 4)." As such, the request is not medically necessary.

Physical therapy evaluation and treatment three times a week for four weeks for the bilateral ankles: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines and the Ankle & Foot Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Ankle and foot (acute & chronic)/physical therapy.

Decision rationale: The request is for physical therapy. The official disability guidelines state the following regarding this topic: ODG Physical Therapy Guidelines, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Ankle/foot Sprain: Medical treatment: 9 visits over 8 weeks; Post-surgical treatment: 34 visits over 16 weeks; Enthesopathy of ankle and tarsus: Medical treatment: 9 visits over 8 weeks; Post-surgical treatment: 9 visits over 8 weeks; Achilles bursitis or tendonitis: Medical treatment: 9 visits over 5 weeks; Achilles tendon rupture: Post-surgical treatment: 48 visits over 16 weeks; Hallux valgus: Medical treatment: 9 visits over 8 weeks; Post-surgical treatment: 9 visits over 8 weeks; Hallux varus: Medical treatment: 9 visits over 8 weeks; Post-surgical treatment: 9 visits over 8 weeks; Hallux rigidus: Medical treatment: 9 visits over 8 weeks; Post-surgical treatment: 9 visits over 8 weeks; Other hammer toe: Medical treatment: 9 visits over 8 weeks; Post-surgical treatment: 9 visits over 8 weeks; Plantar Fasciitis: Medical treatment: 6 visits over 4 weeks; Post-surgical treatment: 10 visits over 5 weeks; Fracture of tibia and fibula: Medical treatment: 30 visits over 12 weeks; Post-surgical treatment (ORIF): 30 visits over 12 weeks; Fracture of ankle: Medical treatment: 12 visits over 12 weeks; Post-surgical treatment: 21 visits over 16 weeks; Fracture of ankle, Bimalleolar: Medical treatment: 12 visits over 12 weeks; Post-surgical treatment (ORIF): 21 visits over 16 weeks; Post-surgical treatment (arthrodesis): 21 visits over 16 weeks; Fracture of ankle, Trimalleolar: Medical treatment: 12 visits over 12 weeks; Post-surgical treatment: 21 visits over 16 weeks; Metatarsal fracture: Medical treatment: 12 visits over 12 weeks; Post-surgical treatment: 21 visits over 16 weeks; Calcaneus fracture: Medical treatment: 12 visits over 12 weeks; Post-surgical treatment: 21 visits over 16 weeks; Fracture of one or more phalanges of foot: Medical treatment: 12 visits over 12 weeks; Post-surgical treatment: 12 visits over 12 weeks; Closed dislocation of ankle: 9 visits over 8 weeks; Amputation of toe: Post-replantation surgery: 20 visits over 12 weeks; Crushing injury of ankle/foot: Medical treatment: 12 visits over 12 weeks; Amputation of foot: Post-replantation surgery: 48 visits over 26 weeks; Crushing injury of ankle/foot: Medical treatment: 12 visits over

12 weeks; Arthritis (Arthropathy, unspecified): Medical treatment: 9 visits over 8 weeks; Post-injection treatment: 1-2 visits over 1 week; Post-surgical treatment, arthroplasty/fusion, ankle: 24 visits over 10 weeks; Contusion of lower limb: 6 visits over 3 weeks; Crushing injury of lower limb: Medical treatment: 12 visits over 12 weeks; Tarsal tunnel syndrome: Medical treatment: 10 visits over 5 weeks; Post-surgical treatment: 10 visits over 5 weeks; Joint Disorders: Medical treatment: 9 visits over 8 weeks. In this case, the number of requested treatments is not guideline-supported which allows for 9 visits over 8 weeks for an ankle sprain. As such, the request is not medically necessary.

Physical therapy evaluation and treatment three times a week for four weeks for the bilateral knees: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines and the Knee Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg/Physical medicine treatment.

Decision rationale: The request is for physical therapy. The official disability guidelines state the following regarding this topic: ODG Physical Medicine Guidelines, allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home PT. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Dislocation of knee; Tear of medial/lateral cartilage/meniscus of knee; Dislocation of patella (ICD9 836; 836.0; 836.1; 836.2; 836.3; 836.5): Medical treatment: 9 visits over 8 weeks; Post-surgical (Meniscectomy): 12 visits over 12 weeks; Sprains and strains of knee and leg; Cruciate ligament of knee (ACL tear) (ICD9 844; 844.2): Medical treatment: 12 visits over 8 weeks; Post-surgical (ACL repair): 24 visits over 16 weeks; Old bucket handle tear; Derangement of meniscus; Loose body in knee; Chondromalacia of patella; Tibialis tendonitis (ICD9 717.0; 717.5; 717.6; 717.7; 726.72): Medical treatment: 9 visits over 8 weeks; Post-surgical: 12 visits over 12 weeks; Articular cartilage disorder - chondral defects (ICD9 718.0); Medical treatment: 9 visits over 8 weeks; Post-surgical (Chondroplasty, Microfracture, OATS): 12 visits over 12 weeks; Pain in joint; Effusion of joint (ICD9 719.0; 719.4): 9 visits over 8 weeks; Arthritis (Arthropathy, unspecified) (ICD9 716.9): Medical treatment: 9 visits over 8 weeks; Post-injection treatment: 1-2 visits over 1 week; Post-surgical treatment, arthroplasty, knee: 24 visits over 10 weeks; Abnormality of gait (ICD9 781.2): 16-52 visits over 8-16 weeks (Depends on source of problem); Fracture of neck of femur (ICD9 820): Medical treatment: 18 visits over 8 weeks; Post-surgical treatment: 24 visits over 10 weeks; Fracture of other and unspecified parts of femur (ICD9 821): Post-surgical: 30 visits over 12 weeks; Fracture of patella (ICD9 822): Medical treatment: 10 visits over 8 weeks; Post-surgical (closed): 10 visits over 8 weeks; Post-surgical treatment (ORIF): 30 visits over 12 weeks; Fracture of tibia and fibula (ICD9 823): Medical treatment: 12-18 visits over 8 weeks; Post-surgical treatment (ORIF): 30 visits over 12 weeks; Amputation of leg (ICD9 897): Post-replantation surgery: 48 visits over 26 weeks; Quadriceps tendon rupture (ICD9 727.65); Post-surgical treatment: 34 visits over 16 weeks; Patellar tendon rupture (ICD9 727.66); Post-surgical treatment: 34 visits over 16 weeks;

Work conditioning. See Work conditioning, work hardening. As stated above, the number of requested treatments is not supported by the guidelines. This is secondary to inadequate documentation of a qualifying diagnosis. As such, the request is not medically necessary.

Physical therapy evaluation and treatment three times a week for four weeks for the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Therapy Guidelines and the Forearm, Wrist & Hand Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist, & Hand (Acute & Chronic)/Physical/Occupational therapy.

Decision rationale: The request is for physical therapy. The official disability guidelines state the following regarding this topic: ODG Physical/Occupational Therapy Guidelines, allow for fading of treatment frequency (from up to 3 visits or more per week to 1 or less), plus active self-directed home PT. More visits may be necessary when grip strength is a problem, even if range of motion is improved. Also see other general guidelines that apply to all conditions under Physical Therapy in the ODG Preface. Fracture of carpal bone (wrist) (ICD9 814): Medical treatment: 8 visits over 10 weeks; Post-surgical treatment: 16 visits over 10 weeks; Fracture of metacarpal bone (hand) (ICD9 815): Medical treatment: 9 visits over 3 weeks; Post-surgical treatment: 16 visits over 10 weeks; Fracture of one or more phalanges of hand (fingers) (ICD9 816): Minor, 8 visits over 5 weeks; Post-surgical treatment: Complicated, 16 visits over 10 weeks; Fracture of radius/ulna (forearm) (ICD9 813): Medical treatment: 16 visits over 8 weeks; Post-surgical treatment: 16 visits over 8 weeks; Dislocation of wrist (ICD9 833): Medical treatment: 9 visits over 8 weeks; Post-surgical treatment (TFCC reconstruction): 16 visits over 10 weeks; Dislocation of finger (ICD9 834): 9 visits over 8 weeks; Post-surgical treatment: 16 visits over 10 weeks; Trigger finger (ICD9 727.03): Post-surgical treatment: 9 visits over 8 weeks; Radial styloid tenosynovitis (de Quervain's) (ICD9 727.04): Medical treatment: 12 visits over 8 weeks; Post-surgical treatment: 14 visits over 12 weeks; Synovitis and tenosynovitis (ICD9 727.0): Medical treatment: 9 visits over 8 weeks; Post-surgical treatment: 14 visits over 12 weeks; Mallet finger (ICD9 736.1): 16 visits over 8 weeks; Contracture of palmar fascia (Dupuytren's) (ICD9 728.6): Post-surgical treatment: 12 visits over 8 weeks; Ganglion and cyst of synovium, tendon, and bursa (ICD9 727.4): Post-surgical treatment: 18 visits over 6 weeks; 9 visits over 8 weeks. In this case, the requested treatment is not guideline-supported. This is secondary to inadequate documentation of a qualifying diagnosis. As such, the request as written is not medically necessary.

X-rays of the right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Diagnostic Criteria.

Decision rationale: The request is for shoulder X-rays. The ACOEM guidelines state that radiographic films are indicated in cases of suspected fracture or dislocation, shoulder instability, or AC separation. When non-specific or overuse shoulder pain exists, no X-rays are advised. In this case, X-rays are not indicated. This is secondary to inadequate documentation of physical exam findings such as suspected fracture or dislocation after acute trauma. As such, the request is not medically necessary.

X-rays of the lumbosacral spine: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter.

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/X-rays.

Decision rationale: The request is for x-rays of the low back. The ODG state the following regarding qualifying criteria: Not recommend routine x-rays in the absence of red flags. (See indications list below.) Indications for imaging - Plain X-rays: Thoracic spine trauma: severe trauma, pain, no neurological deficit; Thoracic spine trauma: with neurological deficit; Lumbar spine trauma (a serious bodily injury): pain, tenderness; Lumbar spine trauma: trauma, neurological deficit; Lumbar spine trauma: seat belt (chance) fracture; Uncomplicated low back pain, trauma, steroids, osteoporosis, over 70; Uncomplicated low back pain, suspicion of cancer, infection; Myelopathy (neurological deficit related to the spinal cord), traumatic; Myelopathy, painful; Myelopathy, sudden onset; Myelopathy, infectious disease patient; Myelopathy, oncology patient; Post-surgery: evaluate status of fusion. In this case, there is inadequate documentation of red flags, which would warrant X-rays. There is also no record to indicate and change in neurologic status or new deficit. The request is not medically necessary.

EMG/NCV bilateral upper extremities: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter.

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/EMGs (electromyography).

Decision rationale: The request is for an EMG. The ODG state the following regarding this topic: Recommended (needle, not surface) as an option in selected cases. The American Association of Electrodiagnostic Medicine conducted a review on electrodiagnosis in relation to cervical radiculopathy and concluded that the test was moderately sensitive (50%-71%) and

highly specific (65%-85%), (AAEM, 1999). EMG findings may not be predictive of surgical outcome in cervical surgery, and patients may still benefit from surgery even in the absence of EMG findings of nerve root impingement. This is in stark contrast to the lumbar spine where EMG findings have been shown to be highly correlative with symptoms. Indications when particularly helpful: EMG may be helpful for patients with double crush phenomenon, in particular, when there is evidence of possible metabolic pathology such as neuropathy secondary to diabetes or thyroid disease, or evidence of peripheral compression such as carpal tunnel syndrome. In this case, the patient does not meet criteria for the study requested. This is secondary to poor physical exam findings suggestive of peripheral nerve compression. Pending receipt of information further clarifying how this study would change the management rendered, the study is not medically necessary.

ECSWT (Extracorporeal shock wave therapy) for the right shoulder, 1x4: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (acute & chronic)/ Extracorporeal shock wave therapy (ESWT).

Decision rationale: The request is for extracorporeal shock wave therapy to aid in pain relief. The official disability guidelines state the following regarding this topic: 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. In this case, the patient does not meet the criteria listed above. The diagnosis, which would benefit from this therapy is calcifying tendinitis despite 6 months of standard treatment. As such, the request is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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 (Acute & Chronic)/TENS.

Decision rationale: The request is for the use of transcutaneous electrical nerve stimulation to aid in pain relief. The official disability guidelines state the following regarding this topic: Not recommended as a primary treatment modality, but a one-month home-based TENS trial for neck pain may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. Outcomes compared to placebo are not proven in use for whiplash-associated disorders, acute mechanical neck disease, or chronic neck disorders with radicular findings, as evidence is conflicting (Aker, 1999), (Bigos, 1999), (Gross-Cochrane, 2002), (Kroeling-Cochrane, 2005), (Vernon, 2005), (Jensen, 2007). There is very low quality evidence that transcutaneous electrical nerve stimulation (TENS) is more effective than placebo. Current evidence for TENS shows that this modality might be more effective than placebo but no other interventions, (Kroeling, 2009). For an overview and treatment of other conditions, see the Pain Chapter. In this case, the use of TENS is not guidelines-supported. This is secondary to very low quality evidence of effectiveness for the patient's condition. As such, the request is not medically necessary.

Flurbi NAP Cream-LA (Flurbiprofen 20%, Lidocaine 5%, Amitriptyline 5%) 180gms:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The request is for the use of a topical NSAID for pain relief. There are specific criteria required for use based on the guidelines. The MTUS states the following: 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, (Lin, 2004), (Bjordal, 2007), (Mason, 2004). When investigated specifically for osteoarthritis of the knee, topical NSAIDs have been shown to be superior to placebo for 4 to 12 weeks. Indications: Osteoarthritis and tendinitis, in particular, that of the knee and elbow or other joints that are amenable to topical treatment: Recommended for short-term use (4-12 weeks). There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder. FDA-approved agents: Voltaren Gel 1% (Diclofenac): Indicated for relief of osteoarthritis pain in joints that lends themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). It has not been evaluated for treatment of the spine, hip or shoulder. In this case, as indicated above, the patient would not qualify for the use of this medication based on the treatment duration. As such, the request is not medically necessary.

Flurbi (NAP) Cream LA- Gabacyclotram (Gabapentin 10%, Cyclobenzaprine 6%, Tramadol 10%) 180grms: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Topical Analgesics.

Decision rationale: The request is for the use of a compounded medication for topical use to aid in pain relief. These products contain multiple ingredients which each have specific properties and mechanisms of action. The MTUS guidelines state the following: "Any compounded product that contains at least one drug (or drug class) that is not recommended is not recommended." The guidelines state "Gabapentin: Not recommended. There is no peer-reviewed literature to support use." In this case, the use of Gabapentin is not indicated for use for the patient's condition. This is secondary to poor clinical evidence of efficacy. As such, the request is not medically necessary.