

Case Number:	CM15-0197889		
Date Assigned:	10/13/2015	Date of Injury:	06/06/2005
Decision Date:	11/20/2015	UR Denial Date:	09/28/2015
Priority:	Standard	Application Received:	10/08/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 52 year old female, who sustained an industrial injury on 6-6-05. The injured worker is being treated for protrusion of C3-4 and C5-6 with foraminal stenosis, right median neuropathy, lumbar myofascial pain, acromioclavicular osteoarthropathy with partial tear and possible right shoulder tendinitis. Treatment to date has included oral medications including Hydrocodone 7.5mg (since at least 1-2015), transcutaneous electrical nerve stimulation (TENS) unit (facilitates significant diminution in pain and improved tolerance to activities), LSO brace provides stability, shockwave therapy, physical therapy, home exercise program and activity modification. On 8-28-15, the injured worker complains of right shoulder pain rated 8 out of 10 with declining range of motion, right wrist-hand pain rated 5 out of 10, cervical pain rated 5 out of 10 and low back pain with right lower extremity symptoms rated 5 out of 10. Documentation does not indicate relief from pain or duration of pain relief following medications. Objective findings on 8-28-15 revealed diminished sensation of median nerve distribution on left, tenderness of cervical and lumbar spine with limited range of motion, tenderness of right shoulder diffusely and restricted range of motion of right shoulder. The treatment plan included request for continuation of shockwave therapy and prescriptions for Hydrocodone 7.5mg and Naproxen 550mg. On 9-28-15 request for 3 shockwave therapy sessions and prescription for Hydrocodone 7.5mg #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, criteria for use, Opioids, long-term assessment.

Decision rationale: The claimant sustained a work injury in June 2005 while working as a machine operator. She continues to be treated for neck pain, right wrist and hand pain, right shoulder pain, and low back pain with right lower extremity symptoms. She underwent a right carpal tunnel release in April 2006 and a second release was done in September 2008. When seen, she had increasing right shoulder pain with decreased range of motion. Pain was rated at 3-8/10. Medications included hydrocodone taken twice per day. TENS was providing a significant decrease in pain with improved activity tolerance. Physical examination findings included positive left Tinel's and Phalen's testing. There was decreased grip strength. There was decreased cervical and lumbar spine range of motion with tenderness. Straight leg raising was positive bilaterally. There was right shoulder tenderness with decreased range of motion. The assessment references prior right shoulder treatments including 24 sessions of physical therapy, activity modification, NSAID medication, and failed home exercises. Authorization was requested for three shockwave treatments for the right shoulder. Diagnoses included acromioclavicular joint arthropathy and a partial rotator cuff tear. Hydrocodone is a short acting opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Shockwave Therapy For The Right Shoulder # 3 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004. 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) Shoulder (Acute & Chronic), Extracorporeal shock wave therapy (ESWT).

Decision rationale: The claimant sustained a work injury in June 2005 while working as a machine operator. She continues to be treated for neck pain, right wrist and hand pain, right shoulder pain, and low back pain with right lower extremity symptoms. She underwent a right carpal tunnel release in April 2006 and a second release was done in September 2008. When seen, she had increasing right shoulder pain with decreased range of motion. Pain was rated at 3-8/10. Medications included hydrocodone taken twice per day. TENS was providing a significant

decrease in pain with improved activity tolerance. Physical examination findings included positive left Tinel's and Phalen's testing. There was decreased grip strength. There was decreased cervical and lumbar spine range of motion with tenderness. Straight leg raising was positive bilaterally. There was right shoulder tenderness with decreased range of motion. The assessment references prior right shoulder treatments including 24 sessions of physical therapy, activity modification, NSAID medication, and failed home exercises. Authorization was requested for three shockwave treatments for the right shoulder. Diagnoses included acromioclavicular joint arthropathy and a partial rotator cuff tear. Extracorporeal shock wave therapy can be recommended for calcifying tendinitis of the shoulder with up to 3 treatment sessions over three weeks. In this case, the claimant does not have a diagnosis of calcific tendinitis. The request is not medically necessary.