

<b>Case Number:</b>	CM15-0199644		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	11/17/2014
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/12/2015

### 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 28-year-old male, who sustained an industrial injury on 11-17-2014. A review of the medical records indicates that the injured worker is undergoing treatment for neck sprain, lumbar sprain, right trapezius strain, right forearm contusion, and bilateral hand-wrists positive for bilateral carpal tunnel syndrome per electromyography (EMG)-nerve conduction velocity (NCV). On 8-13-2015, the injured worker reported cervical spine pain rated 4 out of 10, thoracic spine pain rated 6 out of 10, lumbar spine pain rated 6 out of 10, right shoulder pain rated 4 out of 10, bilateral wrist and hand pain rated 5 out of 10. The Primary Treating Physician's report dated 8-13-2015, noted the injured worker's pain improved with medications, therapy, and creams. The physical examination was noted to show the cervical spine with upper trapezius tenderness and spasm, the thoracic paraspinals with tenderness and spasm, and the lumbar spine with decreased tenderness and spasm of the paraspinals and lumbar quads. The right shoulder was noted to have positive impingement with positive bilateral wrists Phalen's test. Prior treatments and evaluations have included Trigger Point Impedance Imaging 7-27-2015 with a 5th Localized Intense Neurostimulation Therapy (LINT) procedure with 10% relief in pain, at least 6 extracorporeal shockwave procedures the last on 7-2-2015 physical therapy, acupuncture, injections, electrodiagnostic testing with evidence of mild bilateral carpal tunnel syndrome, chiropractic treatments, and medications including Naproxen, and compound topical medications. The treatment plan was noted to include acupuncture therapy, an orthopedist consult, and shockwave treatments-LINT. The injured worker's work status was noted to be temporarily totally disabled. The request for authorization was noted to have requested 8

acupuncture sessions for the right shoulder, right forearm, bilateral wrist, bilateral hand, neck, lumbar spine and thoracic spine and extra corporeal shockwave therapy for the right shoulder, right forearm, bilateral wrist, bilateral hand and neck # 6 sessions. The Utilization Review (UR) dated 9-10-2015, non-certified the requests for 8 acupuncture sessions for the right shoulder, right forearm, bilateral wrist, bilateral hand, neck, lumbar spine and thoracic spine and extra corporeal shockwave therapy for the right shoulder, right forearm, bilateral wrist, bilateral hand and neck # 6 sessions.

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

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

#### **Acupuncture Sessions for The Right Shoulder, Right Forearm, Bilateral Wrist, Bilateral Hand, Neck, Lumbar Spine And Thoracic Spine: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Forearm, Wrist, and Hand Complaints 2004, and Low Back Complaints 2004, and Acupuncture Treatment 2007.

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

**Decision rationale:** Based on the 7/14/15 progress report provided by the treating physician, this patient presents with neck pain rated 4/10, right shoulder pain rated 4/10, right forearm pain rated 3/10, right wrist/hand pain with numbness/tingling/weakness rated 6/10, left wrist/hand pain with numbness/tingling/weakness rated 4/10, and low back pain radiating into bilateral lower extremities rated 5/10. The treater has asked for acupuncture sessions for the right shoulder, right forearm, bilateral wrist, bilateral hand, neck, lumbar spine and thoracic spine on 7/14/15. The request for authorization was not included in provided reports. The patient does not have a history of prior surgeries per 7/14/15 report. The patient is s/p imaging of the lumbar spine and cervical spine and "noted to be without abnormality" per 6/4/15 report. The patient has had chiropractic treatment, extracorporeal shockwave therapy, and physical therapy with temporary benefit per AME dated 5/26/15. The patient is currently taking Cyclobenzaprine and Naproxen, as well as a medicated ointment per 7/14/15 report. The patient is currently unable to perform work until 8/13/15 per 7/14/15 report. MTUS Guidelines, Acupuncture Medical Treatment Section, pg. 13 of 127 states: "(i) Time to produce functional improvement: 3 to 6 treatments (ii) Frequency: 1 to 3 times per week (iii) Optimum duration: 1 to 2 months. (D) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(e)." The treater requests 8 acupuncture treatments (2 times per week for 4 weeks) per 7/14/15 report. The request for authorization was not included in the provided documentation. Utilization review letter dated 9/10/15 denies request as it is unclear if the request is for initiation of continuation of acupuncture treatment. Per review of reports dated 3/19/15 to 7/14/15, the patient does not have a record of prior acupuncture treatments. MTUS only recommends a trial of 3 to 6 sessions and states that additional treatments will require documentation of reduction in pain and improvement in function. The current request for a trial of 8 acupuncture sessions appears excessive and is not in accordance with guideline recommendations. Hence, the request is not medically necessary.

## **Extra Corporeal Shockwave Therapy For The Right Shoulder, Right Forearm, Bilateral Wrist, Bilateral Hand And Neck # 6 Sessions: 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).

**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) Chapter, under Extracorporeal shock wave therapy.

**Decision rationale:** Based on the 7/14/15 progress report provided by the treating physician, this patient presents with neck pain rated 4/10, right shoulder pain rated 4/10, right forearm pain rated 3/10, right wrist/hand pain with numbness/tingling/weakness rated 6/10, left wrist/hand pain with numbness/tingling/weakness rated 4/10, and low back pain radiating into bilateral lower extremities rated 5/10. The treater has asked for extra corporeal shockwave therapy for the right shoulder, right forearm, bilateral wrist, bilateral hand and neck # 6 sessions but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient does not have a history of prior surgeries per 7/14/15 report. The patient is s/p imaging of the lumbar spine and cervical spine and "noted to be without abnormality" per 6/4/15 report. The patient is s/p one month of physical therapy with temporary benefit per AME dated 5/26/15. The patient is currently taking Cyclobenzaprine and Naproxen, as well as a medicated ointment per 7/14/15 report. The patient is currently unable to perform work until 8/13/15 per 7/14/15 report. ODG-TWC, Shoulder (Acute & Chronic) Chapter, under Extracorporeal shock wave therapy (ESWT) states: "Recommended for calcifying tendinitis but not for other shoulder disorders. Calcifying tendonitis: For patients with calcifying tendinitis of the shoulder with inhomogenous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. (Rompe, 2001) (Haake, 2002) (Haake, 2001) (Pan, 2003) (Wang, 2003) (Cosentino, 2003) (Lowe, 1999) (Pleiner, 2004) (Moretti, 2005) In treating calcifying tendonitis, both high-energy and low-energy ESWT provide a beneficial effect on shoulder function, as well as on self-rated pain and diminished size of calcifications, but high-energy ESWT appears to be superior to low-energy ESWT. 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. ODG-TWC, Carpal Tunnel Syndrome chapter under Extracorporeal shock wave therapy (ESWT) states: "Not recommended, because although there are ongoing studies, there continues to be inadequate scientific evidence in the peer-reviewed medical literature to support its long-term efficacy." The treater does not discuss this request in the reports provided. Imaging of the right shoulder

was not included in the provided documentation. In this case, the patient continues with right shoulder pain and is diagnosed with right shoulder sprain/strain and bilateral carpal tunnel syndrome. ODG Guidelines support extracorporeal shock wave therapy for patients presenting with calcifying tendinitis, which this patient is not diagnosed with. Additionally, ODG guidelines do not support the use of shock wave therapy in patients with carpal tunnel syndrome due to inadequate scientific evidence. Therefore, the request is not medically necessary.