

<b>Case Number:</b>	CM15-0207148		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/11/2014
<b>Decision Date:</b>	12/29/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, 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 60 year old male, who sustained an industrial-work injury on 10-11-14. He reported initial complaints of abdomen and shoulders pain. The injured worker was diagnosed as having right shoulder partial thickness rotator cuff tear with impingement, left shoulder impingement syndrome status post left shoulder surgery, bilateral wrist tendinitis, and rule out carpal tunnel tendinitis. Treatment to date has included medication, surgery (abdominal hernia repair and left inguinal hernia repair in 2-2015), 15 sessions of physical therapy, and diagnostics. Currently, the injured worker complains of bilateral shoulder pain, bilateral arm pain with pain extending to the fingers, groin pain, and abdominal pain. Per the primary physician's progress report (PR-2) on 9-21-15, exam notes normal symmetry and contour to shoulders, tenderness with palpation over the subacromial regions, acromioclavicular joints, supraspinatus tendons and periscapular muscles, positive impingement test and cross arm test bilaterally, decreased range of motion. There is tenderness over the wrist flexor and extensor tendons bilaterally, positive Tinel's on the left, range of motion is limited, and sensation is decreased involving the median nerve distribution bilaterally. The Request for Authorization requested service to include Chiropractic Care Including Physical Therapy Modalities & Exercise Rehabilitation Directed to the Bilateral Shoulders 2x week x 3 weeks, Durable Medical Equipment: Home Exercise System, Home Inferential Unit, and Ultram 50 mg #120. The Utilization Review on 10-2-15 denied the request for Chiropractic Care Including Physical Therapy Modalities & Exercise Rehabilitation Directed to the Bilateral Shoulders 2x week x

3 weeks, Durable Medical Equipment: Home Exercise System, Home Inferential Unit, and Ultram 50 mg #120.

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

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

#### **Chiropractic Care Including Physical Therapy Modalities & Exercise Rehabilitation Directed to the Bilateral Shoulders 2x week x 3 weeks: 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:** Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8-10 visits over 4 weeks. A review of the injured workers medical records reveal that the injured workers has already had 15 sessions of physical therapy, however there is no documentation of pain or functional improvement with its use, there is also no mention of a prior home exercise program and how this is working out. Without this information medical necessity cannot be determined, therefore the request for Chiropractic Care Including Physical Therapy Modalities & Exercise Rehabilitation Directed to the Bilateral Shoulders 2x week x 3 weeks is not medically necessary.

#### **Durable Medical Equipment: Home Exercise System: 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:** Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. However it is not clear if the injured worker is currently in a home exercise program, If so, there is no documentation of pain or functional improvement with its use or how this is working out. The components and objectives / goals of the home exercise system are also not described. Without this information medical necessity cannot be determined, therefore the request for Durable Medical Equipment: Home Exercise System is not medically necessary.

#### **Durable Medical Equipment: Home Inferential Unit: 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): Transcutaneous electrotherapy.

**Decision rationale:** Per the MTUS, Interferential Current Stimulation (ICS) is not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments. If interferential treatment is to be used, it should follow very specific guidelines as described in the MTUS in cases where pain is ineffectively controlled due to diminished effectiveness of medications, pain is ineffectively controlled with medications due to side effects, history of substance abuse, significant pain for post operative conditions limiting the ability to perform exercise programs/physical therapy treatments or unresponsive to conservative methods. If the criteria are met then a one month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction. A review of the injured workers medical records that are available to me show that the injured worker has not met the above referenced criteria as described in the MTUS and therefore the request for interferential unit is not medically necessary.

**Ultram 50 mg #120:** Overturned

**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): Opioids, specific drug list.

**Decision rationale:** The MTUS states that tramadol is a centrally acting synthetic opioid analgesic and it is not recommended as a first-line oral analgesic. Opioids are recommended for chronic pain, especially neuropathic pain that has not responded to first line recommendations like antidepressants and anticonvulsants. Long term users should be reassessed per specific guideline recommendations and the dose should not be lowered if it is working. Per the MTUS, Tramadol is indicated for moderate to severe pain. A review of the injured workers medical records reveal a history of chronic moderate pain, the use of Tramadol would be appropriate in this setting, therefore the request for Ultram 50 mg #120 is medically necessary.