

Case Number:	CM15-0216676		
Date Assigned:	11/06/2015	Date of Injury:	06/28/2013
Decision Date:	12/18/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/03/2015

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: North Carolina
 Certification(s)/Specialty: Family Practice

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 50 year old female, who sustained an industrial injury on 6-28-13. The documentation on 8-19-15 noted that the injured worker has complaints of constant severe achy, sharp right shoulder pain with weakness and right wrist constant moderate throbbing pain with numbness and tingling. Right shoulder range of motion is decreased and painful. There is tenderness to palpation of the acromioclavicular joint, anterior shoulder, lateral shoulder, posterior shoulder and supraspinatus and there is muscle spasm of the anterior shoulder and posterior shoulder. Right wrist has decreased median nerve sensation and decreased grip in the right upper extremity and the range of motion are decreased and painful. There is tenderness to palpation of the lateral wrist and volar wrist and there is muscle spasm of the forearm and thenar. Left wrist magnetic resonance imaging (MRI) on 1-3-15 revealed negative ulnar variance and osteoarthritis, distal radioulnar joint. The diagnoses have included right rotator cuff tear; right shoulder impingement syndrome; right shoulder pain; right shoulder sprain and strain and right carpal tunnel syndrome. The documentation noted that the injured worker is to remain off work. Treatment to date has included opioid medications; physical therapy and injections. The documentation on 3-10-15 noted that the injured worker had 15 physical therapy visits to date. The original utilization review (10-14-15) non-certified the request for extracorporeal shock wave therapy x 3; additional physical therapy x 4 and JAMAR muscle testing x 1 per month.

IMR ISSUES, DECISIONS AND RATIONALES

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

Extracorporeal Shock Wave Therapy x 3: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

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

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. Per the Official Disability Guidelines section on shockwave therapy: Not recommended, particularly using high energy ESWT. It is under study for low energy ESWT. The value, if any, for ESWT treatment of the elbow cannot be confirmed or excluded. Criteria for use of ESWT include: 1. Pain in the lateral elbow despite six months of therapy; 2. Three conservative therapies prior to ESWT have been tried prior; 3. No contraindications to therapy; 4. Maximum of 3 therapy sessions over 3 weeks. The ACOEM shoulder chapter does not recommend this as a treatment modality. The request does not meet ODG guidelines as prescribed above. There is no documented failure of first line treatments for shoulder pain. Therefore the request is not medically necessary.

Additional Physical Therapy x 4: Upheld

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

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

Decision rationale: The California chronic pain medical treatment guidelines section on physical medicine states: Recommended as indicated below: Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity

modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007) 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 Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks; Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks; Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The goal of physical therapy is graduation to home therapy after a certain amount of recommended sessions. The patient has already completed physical therapy. The request is in excess of these recommendations per the California MTUS. There is no objective reason why the patient would not be moved to home therapy after completing the recommended amount of supervised sessions in the provided clinical documentation. Therefore the request is not medically necessary.

JAMAR Muscle Testing x 1 Per Month: Upheld

Claims Administrator guideline: Decision based on MTUS Elbow Complaints 2007.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) range of motion testing.

Decision rationale: The California MTUS does not specifically address this request. The ACOEM does not address flexibility and strength testing specifically in the shoulder, forearm or wrist chapter. However the low back chapter states flexibility testing should be simply part of the routine physical exam. There is no indication why this would not be included in the routine physical examination of the shoulder and why any specialized range of motion and, muscle strength testing would be necessary beyond the physical exam. Therefore the request is not medically necessary.