

<b>Case Number:</b>	CM15-0031004		
<b>Date Assigned:</b>	02/24/2015	<b>Date of Injury:</b>	02/26/2010
<b>Decision Date:</b>	04/09/2015	<b>UR Denial Date:</b>	02/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/14/2015

### 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 56 year old female who sustained a work related injury February 26, 2010. Past history includes s/p left shoulder arthroscopic subacromial decompression July, 2014. According to an interim orthopedic evaluation a primary treating physician dated January 28, 2015, the injured worker presented for follow-up evaluation with regard to her left shoulder. Examination of the left shoulder reveals a significant amount of muscle spasm on the trapezial musculature and superior medial rhomboid musculature with a tendency to hike her scapula, consistent with some mild scapular thoracic dysfunction; active flexion 160 degrees, internal rotation 70 degrees, external rotation 90 degrees. Diagnostic impressions included nearly six months s/p left shoulder arthroscopic subacromial decompression; persistent scapular thoracic dysfunction and trapezial and rhomboid myofascitis. Treatment recommendations included request for authorization for H-wave, acupuncture, and Tylenol. According to utilization review, dated February 10, 2015, the request for Acupuncture x 8 Sessions to Left Shoulder has been modified to Acupuncture x 3 Sessions, Left Shoulder approved, citing MTUS Acupuncture Treatment Guidelines. The request for H-Wave unit for the Left Shoulder is non-certified, citing MTUS Chronic Pain Medical Treatment Guidelines. The request for Tylenol #3 #30 with (1) refill has been modified to Tylenol #3 #30 (1) month only approved for weaning, citing MTUS Chronic Pain Medical Treatment Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x 8 sessions to Left Shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1. Acupuncture Medical Treatment Guidelines Page(s): 13.

**Decision rationale:** The patient presents with left shoulder pain rated at 6-7/10. The request is for ACUPUNCTURE X 8 SESSIONS TO LEFT SHOULDER. The request for authorization was not provided. The patient is status-post left shoulder arthroscopy, subacromial decompression and rotator cuff repair, 07/2014. Her shoulder is aching at night, but it is not any worse than it was prior to her returning to work so it looks like she is tolerating her work duties after her cuff repair surgery. She finished out 24 visits of physical therapy. She has been doing a home stretching program. She still has pain in the shoulder with forward lifting activities and sometimes with repetitive circular action with her arm. She does Zumba 3 times a week and that tends to make her feel good and helps her shoulder. The patient is working modified work duty.9792.24.1. Acupuncture Medical Treatment Guidelines. MTUS 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)."Treater has not provided reason for the request. There is no discussion of treatment history or acupuncture notes available. Given patient's condition, a trial of acupuncture would be indicated by guidelines. However, the request for 8 sessions exceeds what is allowed by MTUS for a trial of acupuncture. If the treater's intent was additional treatment, MTUS requires documentation of functional improvement, defined by labor code 9792.20(e) as significant change in ADL's, or change in work status AND reduced dependence on other medical treatments, prior to extending additional treatments. Treater has documented change in work status, as patient "We will try her back at work duties at this point." However, there are no discussions of specific examples describing significant change in ADL's or work functions, nor documented decrease in medications, to warrant extension of acupuncture treatment. Therefore, the request IS NOT medically necessary.

**H- Wave unit for the left shoulder: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-Wave stimulation (HWT) Page(s): 117-118.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines H-wave Page(s): 117.

**Decision rationale:** The patient presents with left shoulder pain rated at 6-7/10. The request is for H-WAVE UNIT FOR THE LEFT SHOULDER. The request for authorization was not provided. The patient is status-post left shoulder arthroscopy, subacromial decompression and rotator cuff repair, 07/2014. Her shoulder is aching at night, but it is not any worse than it was

prior to her returning to work so it looks like she is tolerating her work duties after her cuff repair surgery. She finished out 24 visits of physical therapy. She has been doing a home stretching program. She still has pain in the shoulder with forward lifting activities and sometimes with repetitive circular action with her arm. She does Zumba 3 times a week and that tends to make her feel good and helps her shoulder. The patient is working modified work duty. Per MTUS Guidelines page 117, "H-wave is not recommended as an isolated intervention, but a 1-month home-based trial of H-wave stimulation may be considered as a non-invasive conservative option for diabetic, neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration and only following failure of initially recommended conservative care." "And only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)." MTUS further states trial periods of more than 1 month should be justified by documentations submitted for review. Per progress report dated 01/28/15, treater's reason for the request is "to help decrease spasm and increase blood flow into the muscles in the upper shoulder region." However, there is lack of documentation in treatment reports by provider, such as any pain scales, reduction in medication use, and previously failed TENs trial. The patient has not trialed 30-day rental period to determine its efficacy either. The request is not in accordance with guideline indications. Therefore, the request IS NOT medically necessary.

**Tylenol #3, #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 35.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with left shoulder pain rated at 6-7/10. The request is for TYLENOL #3, #30 WITH 1 REFILL. The request for authorization was not provided. The patient is status-post left shoulder arthroscopy, subacromial decompression and rotator cuff repair, 07/2014. Her shoulder is aching at night, but it is not any worse than it was prior to her returning to work so it looks like she is tolerating her work duties after her cuff repair surgery. She finished out 24 visits of physical therapy. She has been doing a home stretching program. She still has pain in the shoulder with forward lifting activities and sometimes with repetitive circular action with her arm. She does Zumba 3 times a week and that tends to make her feel good and helps her shoulder. The patient is working modified work duty. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Treater has not provided reason for the request. The patient has been prescribed Tylenol #3 since at least 08/13/14. MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater has not discussed how Tylenol #3 significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not

been discussed either, specifically showing significant pain reduction with use of Tylenol #3. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. There was no UDS, CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.