

<b>Case Number:</b>	CM15-0052081		
<b>Date Assigned:</b>	03/25/2015	<b>Date of Injury:</b>	09/06/2013
<b>Decision Date:</b>	05/13/2015	<b>UR Denial Date:</b>	03/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/19/2015

### 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 45-year-old female who reported an injury on 09/06/2013. The mechanism of injury involved a fall. The current diagnoses include left shoulder sprain, rule out internal derangement of the left shoulder, left wrist sprain, left knee sprain, and left hip pain. The injured worker presented on 03/04/2015 for a follow-up evaluation with complaints of persistent pain over multiple areas of the body. It was noted that the injured worker had begun a course of orthopedic shockwave therapy to the left shoulder. Upon examination of the left shoulder, there was tenderness to palpation over the AC joint with 130 degree forward flexion, 125 degree abduction, 60 degree external rotation, and 30 degree adduction. The provider recommended a topical cream, an MRI of the left shoulder, an MRI of the left wrist, an MRI of the left knee, an MRI of the left knee, acupuncture twice per week for 6 weeks, an orthopedic consultation for the shoulder, and continuation of the current medication regimen. There was no Request for Authorization form submitted for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture 2 times a week for 6 weeks: Upheld**

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

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

**Decision rationale:** The California MTUS Guidelines state acupuncture is used as an option when pain medication is reduced or not tolerated and may be used as an adjunct to physical rehabilitation and/or surgical intervention. The time to produce functional improvement includes 3 to 6 treatments. The request for 12 sessions of acupuncture exceeds guideline recommendations. In addition, the request as submitted failed to indicate the specific body part to be treated. Given the above, the request is not medically appropriate at this time.

**4 sessions of extracorporeal shockwave treatment (ESWT) to the left shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation (ODG-TWC) extracorporeal shockwave treatment (ESWT).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

**Decision rationale:** The California MTUS /ACOEM Practice Guidelines state there is medium quality evidence to support manual physical therapy, ultrasound therapy, and high energy extracorporeal shockwave therapy for calcifying tendinitis of the shoulder. In this case, the injured worker does not maintain a diagnosis of calcifying tendinitis of the left shoulder. In addition, the provider noted the injured worker had begun a course of extracorporeal shockwave therapy for the left shoulder. There was no documentation of significant functional improvement. The injured worker continues to present with 7/10 constant pain involving the left shoulder despite the ongoing use of this type of therapy. Given the above, the request is not medically appropriate.

**Norco 10/325mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91, 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

**Decision rationale:** The California MTUS/ACOEM Guidelines state at therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized the above medication for an unknown duration. There is no documentation of objective functional improvement. The injured worker continues to present with high levels of pain over multiple areas of the body. In

addition, there was no frequency listed in the request. As such, the request is not medically appropriate.

**Topical compounds:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines topical analgesics Page(s): 111-113.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

**Decision rationale:** The California MTUS Guidelines state topical analgesics are largely experimental in use with few randomized controlled trials to determine efficacy or safety. In this case, there was no specific type of medication listed in the request. There was no frequency or quantity listed in the request. Given the above, the request is not medically appropriate.

**MRI left wrist:** 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) magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most patients presenting with true hand and wrist problems, special studies are not needed until after a 4 to 6 weeks period of conservative care and observation. In this case, it was noted that the injured worker underwent an MRI of the left wrist on 09/20/2014. There is no documentation of a significant change or progression of symptoms or physical examination findings to support the necessity for a repeat MRI. As the medical necessity has not been established, the request is not medically appropriate at this time.

**MRI left shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

**Decision rationale:** The California MTUS/ACOEM Practice Guidelines state for most patients with shoulder problems, special studies are not needed unless a 4 to 6 week period of conservative care and observation fails to improve symptoms. The injured worker underwent an MRI of the left shoulder on 11/13/2013. There is no documentation of a significant change or

progression of symptoms or physical examination findings to support the necessity for a repeat imaging study. As the medical necessity has not been established, the request is not medically appropriate.