

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0115016 | | |
| Date Assigned: | 08/04/2014 | Date of Injury: | 04/21/2009 |
| Decision Date: | 09/19/2014 | UR Denial Date: | 07/08/2014 |
| Priority: | Standard | Application Received: | 07/22/2014 |

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 56-year-old female who has submitted a claim for bilateral shoulder internal derangement, bilateral carpal tunnel syndrome, and right thumb trigger finger associated with an industrial injury date of 4/21/2009. Medical records from 2013 to 2014 were reviewed. Patient complained of bilateral shoulder pain, rated 6 to 7/10 in severity. Patient likewise complained of tingling and numbness sensation in both hands. Physical examination showed tenderness at both shoulder and wrist joints. Both Phalen's test and Tinel's test were positive bilaterally. MRI of the left wrist, dated 4/7/2014, demonstrated subchondral cyst / erosion at distal pole of scaphoid and trapezium. MRI of the right wrist likewise showed similar findings. Treatment to date has included acupuncture, physical therapy, and medications. Utilization review from 7/8/2014 denied the request for physiotherapy because there was no current functional assessment or treatment goals documented; denied acupuncture because there was no specific indication or body part to be treated; denied ESWT because the guidelines did not recommend it for bilateral pain; denied functional capacity evaluation because there was no documentation that the patient intended to return to work; and denied referral to orthopedist for right shoulder and bilateral wrists because there were no clinical findings, treatment plan, or failure of conservative management to warrant such.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: As stated on pages 98-99 of the California MTUS Chronic Pain Medical Treatment Guidelines, physical medicine is recommended and that given frequency should be tapered and transition into a self-directed home program. In this case, the patient previously underwent a course of physical therapy. However, the total number of sessions attended and patient's response to treatment were not discussed. There was no objective evidence of overall pain improvement and functional gains derived from previous therapy. Moreover, there were no recent reports of acute exacerbation or progression of symptoms that would warrant additional course of treatment. The medical necessity was not been established. The request likewise failed to specify body part to be treated and number of therapy sessions. Therefore, the request for physiotherapy is not medically necessary.

Acupuncture treatment.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: CA MTUS Acupuncture Medical Treatment Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated, it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented. The frequency and duration to produce functional improvement is 3 - 6 treatments, frequency of 1 - 3 times per week, and duration of 1 - 2 months. It may be extended if functional improvement is documented. In this case, patient received acupuncture treatment in the past; however, the exact number of visits was not documented in the medical records submitted. There was no documentation stating the pain reduction, functional improvement or decreased medication-usage associated with the use of acupuncture. The request likewise failed to specify body part to be treated and number of therapy sessions. Therefore, the request for acupuncture is not medically necessary.

ESWT: 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 , Shoulder (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

Decision rationale: According to page 203 of the ACOEM Practice Guidelines referenced by CA MTUS, physical modalities, such as ultrasound treatment, etc. are not supported by high-quality medical studies but they may be useful in the initial conservative treatment of acute shoulder symptoms. Some medium quality evidence supports high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. In this case, there was no documented rationale for ESWT. Patient had bilateral shoulder pain since 2009, which is beyond the guideline recommendation for ESWT treatment. The medical necessity cannot be established due to insufficient information. Furthermore, the request failed to specify the body part to be treated and the quantity of sessions being requested. Therefore, the request for Extracorporeal Shock Wave Therapy (ESWT) is not medically necessary.

Functional Capacity Evaluation.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 137-138. Decision based on Non-MTUS Citation Official Disability guidelines-Treatment in Workers Compensation, 9th Edition, Fitness for Duty, updated 3/26/14. Functional Capacity Evaluation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 132-139 Official Disability Guidelines (ODG) Fitness for Duty Section, Functional Capacity Evaluation.

Decision rationale: As stated on pages 132-139 of the CA MTUS ACOEM Guidelines, functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. FCEs may establish physical abilities and facilitate the return to work. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. Furthermore, ODG states that it is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. FCE may be considered when there is a prior unsuccessful return to work attempt. In this case, the documented indication for FCE was to assess patient's potential to return to work based on a report, dated 10/31/2013. However, there was no discussion concerning specific job or prior unsuccessful return to work attempts. Guideline criteria were not met. The medical necessity cannot be established due to insufficient information. Therefore, the request for functional capacity evaluation is not medically necessary.

Referral to orthopedist for right shoulder and bilateral wrists.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation CAMTUS, ACOEM; Evaluation and Management of Common Health Problems and Functional Recovery in Workers, Second Edition, 2004, chapter 7, page 127, Independent Medical Examinations and Consultations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) <Chapter 7, Independent Medical Examinations and Consultations, page(s) <127>.

Decision rationale: As stated on page 127 of the California MTUS ACOEM Independent Medical Examinations and Consultations Chapter, occupational health practitioners may refer to other specialists if the diagnosis is uncertain, or when psychosocial factors are present. In this case, patient complained of right shoulder and bilateral wrist pain. However there were no reports of acute pain exacerbation or pain not amenable to oral medications. The medical records did not reveal uncertainty or complexity of issues. MRI of the left wrist, dated 4/7/2014, demonstrated subchondral cyst / erosion at distal pole of scaphoid and trapezium. MRI of the right wrist likewise showed similar findings. There was no failure of conservative management. There was no discussion why referral to orthopedist was necessary. The medical necessity cannot be established due to insufficient information. Therefore, the request for Referral to orthopedist for right shoulder and bilateral wrist is not medically necessary.