

<b>Case Number:</b>	CM14-0134901		
<b>Date Assigned:</b>	08/27/2014	<b>Date of Injury:</b>	03/19/1998
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2014

### 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 Occupational Medicine 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:

There were 80 pages provided for this review. The application for independent medical review was signed on August 2, 2014. The issues were ultrasound of the right shoulder, and right trapezius; levator scapulae trigger point injection under ultrasound guidance; exercise rehabilitation chair with a shoulder stretcher, and a random urine drug screen. There was a request for authorization that was provided. There was also a peer review report from August 12, 2012. The claimant is a female with reported multiple body parts injuries. The provider's report from July 22, 2014 was handwritten and not legible. There was not a legible report to document a rationale for shoulder ultrasound study. The same held for the other requests. There was an Agreed Medical Exam from February 6, 2014. The patient has remained off work. She continues to remain under the care of [REDACTED] refills her medicines. [REDACTED] administered a cortisone injection into the right thumb in March 2013 which provided some relief. He continues to recommend surgery for the left carpal tunnel syndrome. She continues to follow-up with visits to [REDACTED]. She has persistent left knee pain. X-ray showed it was bone on bone. She was advised she needed a left total knee replacement. She underwent a left total knee arthroplasty, but still has pain and giving away in the knee. The doctor is now recommending a right total knee replacement. She takes medicine for symptomatic relief. She takes Norco, Neurontin, Prozac, MS Contin, lorazepam and trazodone. The diagnoses were cervical strain, left wrist carpal tunnel syndrome, status post right shoulder scope, right wrist sprain strain and de Quervain's tenosynovitis, sleep disorders secondary to pain, hypertension, and there is a pending authorization of the left carpal tunnel release. They will continue home exercise and dispense wrist braces.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Ultrasound of the Right Shoulder, Right Trapezius: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Ultrasound, both Diagnostic and Therapeutic were examined.

**Decision rationale:** It was not clear from the records if this were a diagnostic or a therapeutic ultrasound. For therapeutic ultrasound, the ODG notes that ultrasound need not replace simple heat modalities, as it is another form of heat. It is not clear why home heat packs would not be sufficient. If diagnostic, the patient has had an MRI, which is essentially of equal diagnostic efficacy as ultrasound for the shoulder. The request is not medically necessary.

**Levator Scapulea Trigger Point Injection under Ultrasound Guidance: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 122 OF 127.

**Decision rationale:** The MTUS notes Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain;(4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. Classic triggering was not demonstrated. The patient has had them repeatedly in the past without long term, objective, functional benefit. The request is not medically necessary.

**Exercise rehabilitation chair with shoulder stretcher: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Back Physical Therapy and home exercise kits and equipment.

**Decision rationale:** The ACOEM guides, Chapters 12, 13 and 8 for the back, knee and neck were reviewed. The guides are silent in regards to this care request in this patient's clinical circumstances. Therefore, in accordance with applicable California statutes, other evidence-based sources will be examined. The ODG provides a lengthy description of exercise programs, with no mention of special exercise equipment needed at home. It is in fact noted in the ODG guidance that a home exercise program can be accomplished without specialized equipment. Although these items would be nice to have, they would therefore not be essential to care of the injury. Therefore, I would not be able to endorse a certification of this special home chair based on this submission.

**Random drug screen to document medication compliance:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 43 OF 127.

**Decision rationale:** Regarding urine drug testing, the MTUS notes in the Chronic Pain section: Recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take Before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. There is no mention of suspicion of drug abuse, inappropriate compliance, poor compliance, drug diversion or the like. There is no mention of possible adulteration attempts. The patient appears to be taking the medicine as directed, with no indication otherwise. It is not clear what drove the need for this drug test. The request is not medically necessary under MTUS criteria.