

<b>Case Number:</b>	CM14-0137688		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	11/19/2014	<b>UR Denial Date:</b>	08/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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:

The injured worker is a represented [REDACTED] employee who filed a claim for chronic pain syndrome, chronic shoulder pain, depression, anxiety, and unspecified dental problems reportedly associated with an industrial injury of May 5, 2009. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of psychotherapy; earlier right shoulder surgery; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review report dated August 12, 2014, the claims administrator denied a request for right shoulder release surgery for adhesive capsulitis, invoking non-MTUS Third Edition ACOEM Guidelines; denied a request for extracorporeal shock wave therapy without using any guidelines; denied a request for aquatic therapy; denied a request for acupuncture; denied a request for consultation invoking non-MTUS Chapter 7 ACOEM Guidelines which were mislabeled as originating from the MTUS; denied a request for a psychiatric follow-up, again invoking non-MTUS Chapter 7 ACOEM Guidelines which were mislabeled as originating from the MTUS; denied a request for orthopedist follow-up, again invoking non-MTUS Chapter 7 ACOEM Guidelines, which were, once again, mislabeled as originating from the MTUS; denied a neurosurgeon follow-up, again invoking non-MTUS Chapter 7 ACOEM Guidelines which were mislabeled as originating from the MTUS; denied a request for a vascular surgery consultation; denied a request for an enterology consultation; denied a request for a dentist follow-up; and denied a request for dental specialist follow-up. The injured worker's attorney subsequently appealed. In a February 13, 2013 progress note, the injured worker reported multifocal upper back, right shoulder, and left shoulder pain complaints, 7/10. The injured worker was also having issues with paresthesias about the arms and legs. The injured worker stated that acupuncture and physical therapy had

diminished her pain complaints to some extent. The injured worker had evidence of neuroforaminal narrowing at the C5-C6 level on MRI imaging of the same, it was acknowledged. The injured worker had a history of prior right shoulder surgery, it was further noted. Additional physical therapy and acupuncture were sought, along with multiple consultations, including a psychiatry consultation, a pain management consultation, ENT consultation, internal medicine consultation, dental consultation, sleep specialty consultation, and orthopedic spine surgery consultation. It was stated that the injured worker had ongoing issues with sleep disturbance. The injured worker was reporting clenching her teeth at night, it was noted. In a July 24, 2014 progress note, handwritten, it was stated that the injured worker was very frustrated because of the wait for her resulting dental implantation. The injured worker was using Norco, Lyrica, Lidoderm, and Flexeril. Multifocal complaints of neck pain, mid back pain, shoulder pain, and chronic pain syndrome were noted. Multiple medications were renewed. The injured worker was asked to follow-up with psychiatry. In a July 23, 2014 orthopedic note, the injured worker was kept off of work, on total temporary disability. The injured worker was using a cane to move about. Persistent tenderness and pain was noted about the injured shoulder. The injured worker underwent extracorporeal shock wave therapy for the left shoulder on June 27, 2014.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Right shoulder release surgery:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, 214.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 9, Table 9-6, page 214 does acknowledge that capsular shift surgery/capsular release surgery is "recommended" for a disabling instability, in this case, however, it was not clearly stated what the operating diagnosis was here. The attending provider's documentation was legible. It appeared, based on the submitted documentation, that the injured worker had issues with shoulder rotator cuff syndrome status post earlier failed shoulder surgery. It did not appear that the injured worker had either capsular instability or adhesive capsulitis for which the proposed shoulder release surgery would have been indicated. Therefore, the request is not medically necessary.

**Psychological consultation and 24 visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-102.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 405.

**Decision rationale:** The injured worker has had prior unspecified amounts of psychotherapy at various points over the course of the claim, including 2013 and 2014. The injured worker has failed to respond favorably to the same. The injured worker remains off of work, on total temporary disability. Depressive symptoms apparently persist. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 405, an injured worker's failure to improve may be due to an incorrect diagnosis, unrecognized medical or psychological conditions, or unrecognized psychosocial stressors. In this case, the injured worker's failure to improve with earlier psychological treatment in unspecified amounts do not make a compelling case for continuation of further psychotherapy. The fact that the injured worker remains off of work, on total temporary disability, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier psychotherapy in unspecified amounts over the course of the claim. Therefore, the request for psychological consultation and 24 [psychological] visits is not medically necessary.

**Shockwave therapy, 6 sessions, for the cervical spine:** 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 Therapeutic Ultrasound Topic Page(s): 123. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Third Edition, Knee Chapter, Extracorporeal Shock Wave Therapy

**Decision rationale:** Extracorporeal shockwave therapy is a subset of therapeutic ultrasound. However, as noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound is "not recommended" in the chronic pain context present here. It is further noted that the Third Edition ACOEM Guidelines note that "for most body parts," there is evidence of extracorporeal shockwave therapy is not effective. The attending provider's handwritten PR-2 progress note provided limited documentation to support the need for extracorporeal shockwave therapy. Therefore, based on the guidelines and the medical evidence, this request is not medically necessary.

**Aquatic therapy, 6 visits, for the bilateral shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 48, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

**Decision rationale:** While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that aquatic therapy is recommended as an optional form of exercise therapy in patients in whom reduced weight bearing is desirable, in this case, it was not clearly stated how, why, and/or if reduced weight bearing is in fact desirable. While the injured worker was described as using a cane on an office visit of July 24, 2014, referenced above, it was not clear whether the injured worker is a long-term user of a cane or simply uses a cane sporadically. It

was not clearly stated why aquatic therapy was being invoked in favor of land-based therapy and/or land-based home exercises here. The MTUS Guideline in ACOEM Chapter 3, page 48 further notes that it is incumbent upon an attending provider to furnish a prescription for physical therapy which "clearly states treatment goals." In this case, however, it was not clearly stated what the goals of aquatic therapy were. It was not clearly stated whether or not the injured worker has had prior aquatic therapy and what the response was. Therefore, the request is not medically necessary.

**Acupuncture, 6 visits, for the bilateral shoulders:** Upheld

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

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

**Decision rationale:** The request in question represents a renewal request for acupuncture. As noted in MTUS 9792.24.1.d, however, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the injured worker is off of work, on total temporary disability. The injured worker is having difficulty performing activities of daily living as basic as ambulating and is still using a cane to move about. The injured worker remains dependent on various analgesic and adjuvant medications, including Norco, Lyrica, and Lidoderm. All of the above, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite earlier acupuncture in unspecified amounts over the course of the claim. Therefore, the request for additional acupuncture is not medically necessary.

**Internal medicine consultation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** The MTUS Guideline in ACOEM Chapter 5, page 92 acknowledges that referral may be appropriate when a practitioner is uncomfortable with treating a particular cause of delayed recovery. The primary treating provider (PTP) does not clearly identify what issue or issues he intended for the internist to address. The documentation above was not legible and difficult to follow. Therefore, based on the guidelines and the medical evidence provided, the request is not medically necessary.

**Psyche follow up:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pg.127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 388.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 388, if an injured worker's mental health symptoms become disabling, and/or persist beyond three months, referral to a mental health professional is indicated. In this case, the injured worker does seemingly have longstanding mental health issues. The injured worker is off of work, although it is acknowledged that this may be function of the injured worker's medical conditions and/or combination of medical and/or mental health issues. The injured worker's ongoing, longstanding mental health issues do warrant a psychiatric follow-up visit. Therefore, the request is medically necessary.

**Orthopedist follow-up:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pg.127

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

**Decision rationale:** As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative management should lead the primary treating provider to reconsider the operating diagnosis and determine whether a specialist evaluation is necessary. In this case, the injured worker has longstanding shoulder complaints. The injured worker is seemingly off of work. The injured worker is status post earlier shoulder surgery. Obtaining the added expertise of an orthopedist to determine whether or not the injured worker may or may not be a candidate for further shoulder surgery is indicated. Therefore, the request is medically necessary.

**Neurosurgeon consultation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pg.127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 180.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 80, patients with neck or upper back pain alone without findings of serious conditions or significant nerve root compromise, rarely benefit from either surgical consultation or surgery. In this case, the attending provider did not clearly outline why the neurosurgeon consultation was being sought. It was not clearly stated or suggested that the injured worker was actively considering or contemplating any kind of surgical intervention involving the cervical spine. The injured worker's C5-C6 neuroforaminal stenosis/3-mm disk protrusion does not appear to be significant

enough to warrant surgical intervention. The attending provider's handwritten documentation, furthermore, did not outline a clear basis for said neurosurgical consultation. Therefore, the request is not medically necessary.

**Vascular consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pg.127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** The MTUS Guideline in ACOEM Chapter 5, page 92 acknowledges that referral may be appropriate if a practitioner is uncomfortable with treating a particular cause of delayed recovery, in this case. In this case, it was not clearly stated what issue or issues the primary treating provider intended for the vascular [surgeon] to address. It was not clearly stated for what issue or purpose the vascular surgery consultation was intended. The attending provider's handwritten documentation and associated commentary did not establish a clear basis for said vascular surgery consultation. There was no mention of any issues such as active peripheral arterial disease. Therefore, the request is not medically necessary.

**Enterology consult:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pg.127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** The request in question appears to represent a gastroenterology consultation request. The MTUS Guideline in ACOEM Chapter 5, page 92 does support a referral when an attending provider is uncomfortable with treating a particular cause of delayed recovery. In this case, it is not clearly stated what gastroenterology issues/enterology issues were present which would compel said consultation. It was not clearly stated what issue and/or diagnosis the primary treating provider was uncomfortable addressing and/or needed the enterologist to address. Therefore, the request is not medically necessary.

**Dentist follow up:**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pg.127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable with addressing a particular cause of delayed recovery. In this case, the injured worker is apparently having ongoing issues with bruxism. The requesting provider is a pain management physician who may be uncomfortable addressing issues with bruxism. Obtaining the added expertise of a dentist who may be better-equipped to address such issues is therefore indicated. Accordingly, the request is medically necessary.

**Dental specialist follow up:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 7, pg.127

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate when an attending provider is uncomfortable with treating a particular cause of delayed recovery. In this case, the injured worker has issues with bruxism and an indwelling dental implantation which is apparently not functioning appropriately. The requesting practitioner is a pain management physician who may be uncomfortable addressing issues associated with bruxism and/or dental implants. Obtaining the added expertise of a dentist who is better-equipped to address these issues is therefore indicated. Accordingly, the request is medically necessary.