

<b>Case Number:</b>	CM14-0183080		
<b>Date Assigned:</b>	11/07/2014	<b>Date of Injury:</b>	01/02/2014
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/03/2014

### 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:

According to the submitted documents, this is a 58-year-old man with a date of injury on 1/2/14. The patient was injured pushing a heavy metal frame. Initial pain was in the right shoulder. Documents indicate there are injuries to the bilateral shoulders, cervical and thoracic spines. There has been physical therapy, acupuncture, and analgesics. Diagnostics have included cervical MRI and ultrasound, thoracic spine MRI, bilateral shoulder ultrasounds and MRIs. This review will address the disputed treatment of 4 extracorporeal shockwave treatments for the shoulders and Menthoderm gel. There are extracorporeal shockwave procedure reports from 6/9/14 and 6/16/14 indicating treatments number 5 and 6. Diagnosis in the reports were cervical spine and the reports indicated that the patient had continued symptoms despite physical and manipulation therapy, acupuncture and injections as well as prescription medication. Neither of the shoulder MRIs documented calcific tendinitis in the shoulders. There is a Doctors 1st Report of injury dated 10/16/14 that documents mechanism of injury first to the right shoulder and then to the left shoulder. There is no mention of neck pain. It indicates that the patient had been treated by other physicians/providers previously and had not been seen since late July 2014. Subjectively there was pain in both shoulders. On objective findings there was a right arm Popeye deformity, tenderness in the bilateral shoulders, decreased range of motion, positive Neer's test and supraspinatus test. Radiographs of the shoulders were taken but there was no mention of the results. Diagnoses were bilateral shoulder strain/sprain, bilateral shoulder tendinitis, rule out bilateral shoulder internal derangement, and rule out bilateral shoulder rotator cuff tear, right biceps tendon tear. The patient was placed temporarily totally disabled and prescribed Mobic, methadone gel, urine toxicology was done and request for EMG/NCV bilateral upper extremities and extracorporeal shockwave treatment 4 sessions each was requested.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**4 ECSWT bilateral shoulders:** Upheld

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

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

**Decision rationale:** ACOEM guidelines only support use of extracorporeal shockwave treatment for treatment of calcific tendinitis of the shoulders which is not documented here. There is no rationale for treatment outside of guidelines. Therefore based upon the evidence and the guidelines, this is not medically necessary.

**1 prescription of Menthoderm gel 240 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical analgesics Page(s): 111-113. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: <http://www.physiciansproducts.net/product/menthoderm/>

**Decision rationale:** Per the above referenced website, this contains methyl salicylate 15%/menthol 15%. Both are identified as counter-irritants. It is intended for temporary relief of minor aches and pains caused by arthritis, backache, sprains, strains. MTUS guidelines do support use of topical methyl salicylate stating that it is better than placebo in chronic pain. However, MTUS guidelines do not support proprietary use of any particular brand name preparation of methyl salicylate. This can be obtained in generic form over-the-counter (i.e. generic Ben-Gay as mentioned in the MTUS chronic pain guidelines). Therefore, based upon the evidence and the guidelines, this is not considered to be medically necessary.