

Case Number:	CM14-0093301		
Date Assigned:	08/06/2014	Date of Injury:	04/08/2010
Decision Date:	10/08/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/19/2014

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 applicant is a represented [REDACTED] employee who has filed a claim for chronic bilateral shoulder and left upper extremity pain reportedly associated with an industrial injury of April 8, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; topical agents; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 10, 2014, the claims administrator denied a request for electrodiagnostic testing, infrared therapy, acupuncture, Menthoderm, Norco, and Prilosec. On January 30, 2014, the applicant reported persistent complaints of left shoulder pain status post earlier left shoulder surgery. The applicant was apparently trying to pursue a right shoulder surgery. The applicant was also status post left knee surgery, it was further noted. Authorization was sought for right shoulder arthroscopy. The applicant's work status was not furnished on this occasion. In an earlier note dated January 13, 2014, difficult to follow, handwritten, not entirely legible, the applicant reported multifocal 2-8/10 shoulder, wrist, elbow, and knee pain. Additional physical therapy was sought while the applicant was asked to remain off of work, on total temporary disability. In a handwritten note dated July 1, 2013, very difficult to follow, not entirely legible, the applicant reported multifocal 3-5/10 shoulder, wrist, and elbow pain. electrodiagnostic testing of the bilateral upper extremities, physical therapy, and functional capacity testing were endorsed while the applicant was placed off of work, on total temporary disability. The applicant did have comorbid dyslipidemia and pre-diabetes, it was stated. The applicant was using Norco, Prilosec, and topical compounded gels, it was stated. There was no discussion of medication efficacy. There was no explicit mention of the applicant suffering from issues with reflex, moreover. In an earlier handwritten note dated May 30, 2014, also difficult to follow, not entirely legible, the applicant reported multifocal 2-5/10 pain about the shoulders, wrists, elbows, and knees. Eight sessions of

physical therapy, a knee brace, electrodiagnostic testing, functional capacity testing, topical compounds, Norco, Prilosec, and "continued acupuncture" were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

EMG 1 extremity, EMG 2 extremities, somatosensory upper and somatosensory lower extremities - Sprain of the shoulder/arm.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, EMG or NCV studies as part of a shoulder evaluation for usual diagnosis involving the shoulder are deemed "not recommended." In this case, no rationale for pursuit of EMG testing of the upper and/or lower extremities was proffered by the attending provider in the face of ACOEM's unfavorable position on the same. All information on file points to the applicant's carrying diagnosis of internal derangement of the right and left shoulders. There was no mention of any entrapment neuropathy, compression radiculopathy, etc., being suspected here which would compel the electrodiagnostic testing in question. Therefore, the request is not medically necessary.

Orthopedic mod and complex follow up visits. Sprain shoulder/arm: Overturned

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

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

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, page 207, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, the applicant is off of work. The applicant has persistent shoulder complaints. The applicant may be a candidate for further shoulder surgery, the primary treating provider (PTP) has posited. Obtaining the continued expertise of an orthopedic shoulder surgeon to further evaluate the applicant's shoulder issues is indicated. Therefore, the request is medically necessary.

Infrared, Elect ACU 15 mins & capsaicin patch 2-3 x 4 weeks. Sprain shoulder/arm: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: As noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, the request in question does represent a renewal request for acupuncture. The applicant has prior acupuncture to date, the attending provider acknowledged in his May 1, 2014 progress note. The applicant has, however, failed to profit from the same. The applicant remains off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including office visits with various providers and various specialties, opioid therapy with Norco, etc. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20 despite earlier acupuncture during the course of the claim. Therefore, the request for additional acupuncture with add-on modalities of infrared therapy and capsaicin patch application is not medically necessary.

Orthopedic mod and complex follow up visits Sprain of knee: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints
Page(s): 341.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 13, page 341, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, the applicant does have longstanding knee pain complaints. The applicant is status post one prior knee arthroscopy. The applicant has failed to return to work. Obtaining the continued expertise of a knee specialist/orthopedic knee surgeon to determine whether or not the applicant may be a candidate for further intervention involving the knee is indicated. Therefore, the request is medically necessary..

Infrared, Elect ACU 15 mins & capsaicin patch 2-3 x 4 weeks. Sprain of knee: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines,Chronic Pain Treatment Guidelines Low-level Laser Therapy, Topical Capsaicin Page(s): 57, 28.

Decision rationale: The request in question represents a renewal request for acupuncture. However, as noted in MTUS 9792.24.1.d, acupuncture treatments may be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant on various forms of medical treatment, including opioid therapy. All of the above, taken together suggest a lack of functional improvement as defined in MTUS 9792.20f despite completion of earlier acupuncture during the course of the claim. It is further noted that infrared therapy, a form of low-level laser therapy, is deemed "not recommended" per page 57 of the MTUS

Chronic Pain Medical Treatment Guidelines, and that page 28 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that topical capsaicin is recommended only as an option in applicants who have not responded to or are intolerant to other treatments. In this case, there is no compelling evidence on file to suggest that the applicant has failed numerous classes of first-line oral pharmaceuticals. Similarly, no rationale for selection of infrared therapy in the face of the unfavorable MTUS position on the same was proffered by the attending provider. Thus, all three modalities at issue-the capsaicin patch, infrared therapy, and acupuncture-are not recommended here. Therefore, the request is not medically necessary.

EMG 1 extremity, EMG 2 extremities, somatosensory upper and somatosensory lower extremities - Sprain of the knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 347.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 13, Table 13-6, page 347, electrical studies are "not recommended" and contraindicated for nearly all knee injury diagnoses. In this case, the admittedly limited, handwritten information on file suggests that the applicant's issues about the knee are biomechanical/orthopedic in nature, associated with internal derangement of the same. There is no evidence for any neurologic diagnosis associated with the knees which would compel electrodiagnostic testing of either the bilateral lower extremities or the bilateral upper extremities. Therefore, the request is not medically necessary.

EMG 1 extremity, EMG 2 extremities, somatosensory upper and somatosensory lower extremities - Sprain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 177-178.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 213, EMG or NCV studies are "not recommended" as part of a shoulder evaluation for usual shoulder diagnosis. In this case, all information on file points to the applicant's having issues associated with internal derangement of the shoulder/shoulder impingement syndrome. There is no evidence of any issues with upper or lower extremity neuropathy, cervical radiculopathy, or lumbar radiculopathy which would compel the electrodiagnostic testing of the upper and lower extremities in question. Therefore, the request is not medically necessary.

Follow up low complexity and follow up mod complexity ortho follow up - sprain: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 13, page 341 does suggest that the frequency of follow-up visits be dictated by an applicant's work status, in this case, however, both an orthopedic knee surgery follow-up visit and an orthopedic shoulder surgery follow-up visit have been endorsed, above. It is unclear why a third orthopedic follow-up visit is being sought. It is not stated for what body part in question the third orthopedic follow-up visit/consult has been sought. Therefore, the request is not medically necessary.

Infrared, Elect ACU 15 mins & capsaicin patch 2-3 x 4 weeks. Sprain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Acupuncture is the primary requested modality, while the capsaicin patches and infrared therapy represent derivative or companion modalities, to be employed alongside the primary acupuncture treatment. This does, however, represent a request for renewal acupuncture therapy. However, as noted in MTUS 9792.24.1.d, acupuncture treatments may only be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on opioid agents such as Norco. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite completion of earlier acupuncture in unspecified amounts over the life of the claim. Therefore, the request for additional acupuncture with companion modalities of infrared therapy and application of capsaicin patches is not medically necessary.

Infrared, Elect ACU 15 mins & capsaicin patch 2-3 x 4 weeks. Wrist sprain: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request in question does represent a renewal request for acupuncture. However, as noted in MTUS 9792.24.1.d, acupuncture treatments may only be extended if there is evidence of functional improvement as defined in section 9792.20f. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant on other forms of medical treatment, including opioid agents such as Norco. All of the above, taken together, suggest 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 with application of capsaicin patches and performance of infrared therapy is not medically necessary.

Follow up low complexity and follow up mod complexity ortho follow up - Wrist sprain:
Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 270.

Decision rationale: While the MTUS Guideline in ACOEM Chapter 11, page 270 does acknowledge that referral for hand surgery consultation may be indicated in applicants who have clear clinical and special study evidence of a lesion which is amenable to surgical correction, in this case, however, the attending provider's sparse, handwritten, and extremely difficult to follow documentation did not establish the presence of any lesion amenable to surgical correction insofar as the wrist was concerned. Therefore, the request is not medically necessary.

EMG 1 extremity, EMG 2 extremities, somatosensory upper and somatosensory lower extremities - Wrist sprain: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 272.

Decision rationale: As noted in the MTUS-Adopted ACOEM Guidelines in Chapter 11, Table 11-7, page 272, routine usage of NCV or EMG testing in the diagnostic evaluation of applicants without symptoms is "not recommended." In this case, there is no compelling evidence of any neuropathic process/entrapment neuropathy involving the upper and/or lower extremities. There was no clearly voiced suspicion of peripheral entrapment neuropathy, generalized peripheral neuropathy, lumbar radiculopathy, cervical radiculopathy, etc., which would compel electrodiagnostic testing of the upper and lower extremities. The attending provider's documentation was handwritten, difficult to follow, and did not clearly establish what was suspected, what was being sought, etc., via the request in question here. Therefore, the request is not medically necessary.

Methoderm 360gm: 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 Salicylate Topicals Page(s): 105, 7.

Decision rationale: While page 105 of the MTUS Chronic Pain Medical Treatment Guidelines does support usage of topical salicylates such as Mentherm in the treatment of chronic pain, as is present here, this recommendation is qualified by commentary on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work, on total temporary disability. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including opioid therapy with Norco. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Mentherm. Therefore, the request is not medically necessary.

Hydrocodone / APAP 2.5/325mg #90: 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 When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The attending provider's handwritten progress notes made no mention of any tangible improvements in function or quantifiable decrements in pain achieved as a result of ongoing Hydrocodone-Acetaminophen usage. Therefore, the request is not medically necessary.

Omeprazole 20mg #30: 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 NSAIDs, GI Symptoms, and Cardiovascular Risk Page(s): 69.

Decision rationale: While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does support provision of proton pump inhibitors such as Omeprazole to combat issues with NSAID-induced dyspepsia, in this case, however, the handwritten progress note on file made no mention of any active issues with reflux, heartburn, and/or dyspepsia for which Omeprazole, a proton pump inhibitor, would be indicated. Therefore, the request is not medically necessary.