

<b>Case Number:</b>	CM14-0210379		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	06/25/2014
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: Texas, Ohio, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 shoulder pain with associated sleep disturbance reportedly associated with an industrial injury of June 20, 2014. In a Utilization Review Report dated November 18, 2014, the claims administrator denied a request for 15 sessions of physical therapy to include diathermy, electrical muscle stimulation, massage, and ultrasound; retrospectively denied a baseline functional capacity evaluation; denied a follow-up functional capacity evaluation; denied Menthoderm; denied Prilosec; denied 10 sessions of manipulative therapy; and denied shoulder MRI imaging. The claims administrator stated that the request represented retrospective denials of services already rendered on or around July 23, 2014. While this did not appear to be a chronic pain case as of the date of service, July 23, 2014, a little under one month removed from an industrial injury of June 25, 2014, the claims administrator nevertheless invoked the MTUS Chronic Pain Medical Treatment Guidelines preferentially over ACOEM. The applicant's attorney subsequently appealed. On September 17, 2014, the applicant did receive some kind of functional capacity testing/computerized muscle testing, the results of which were not clearly reported. On July 23, 2014, the applicant received a comprehensive medical evaluation with computerized range of motion testing. The applicant reported ongoing complaints of shoulder pain with associated sleep disturbance. The applicant was not working. The applicant was originally injured in a motor vehicle accident, it was suggested. Painful range of motion was noted about the right shoulder. Some portions of the attending provider progress note stated that the applicant's right shoulder was implicated in the injury while other sections of the progress note stated that the

applicant's left shoulder was implicated. 3+/5 right shoulder strength was noted versus 5/5 left shoulder strength. The applicant was placed off of work, on total temporary disability. Right shoulder x-rays, MRI imaging of the shoulder to rule out internal derangement, manipulative therapy, physical therapy, naproxen, Prilosec, and topical Menthoderm gel were prescribed while the applicant was kept off of work. The attending provider suggested that the applicant obtain baseline functional capacity evaluation followed by repeat functional capacity evaluation so as to monitor progress. On September 18, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of shoulder pain with attendant sleep disturbance. Physical therapy, manipulative therapy, and shoulder MRI imaging were sought. The attending provider also sought authorization for various modalities including diathermy, massage, electrical muscle stimulation, ultrasound therapy, and chiropractic treatment with computerized range of motion testing.

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

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

**(Retro) DOS 07/23/14 Physical therapy (Diathermy, EMS, Massage, Ultrasound) 3 x 5:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder Chapter

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): Table 9-6, 212; Table 9-3, 204.

**Decision rationale:** The 15 sessions of physical therapy at issue represent treatment well in excess of the "initial and follow-up visits" recommended in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-3, page 204 for education, counseling, and evaluation of home exercise transition purposes. ACOEM Chapter 9, Table 9-6, page 212 further notes that passive modalities such as the electrical muscle stimulation, diathermy, and ultrasound at issue are deemed "not recommended" unless accompanied by instruction on home exercise. Here, however, the attending provider's progress notes did not clearly outline treatment goals, nor was it stated what treatment or treatments transpired. The fact that the applicant remained off of work, on total temporary disability, however, suggests that neither the attending provider nor the applicant had any intention of employing the passive diathermy, electrical muscle stimulation, massage, and ultrasound modalities as a means of facilitating functional restoration. Therefore, the request was not medically necessary.

**(Retro) DOS 07/23/14 Follow-up quantitative functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines- Functional Capacity Evaluation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering a functional capacity evaluation when necessary to translate medical impairment into functional limitations and determine work capability, in this case, however, the applicant was/is off of work, on total temporary disability, both before and after performance of the functional capacity evaluation. It did not appear that the functional capacity evaluation at issue appreciably influence or alter the treatment plan, work status, and/or functional status. It did not appear that the applicant had a job to return to. The results of functional capacity evaluation were not, furthermore, clearly stated or clearly reported. The attending provider did not act on the results of the FCE and/or alter the applicant's work restrictions or work status, preferring instead to keep the applicant off of work, on total temporary disability. Functional capacity testing was not, thus, indicated in the clinical and vocational context present here. Therefore, the request was not medically necessary.

**(Retro) DOS 07/23/14 Baseline quantitative functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 48. Decision based on Non-MTUS Citation Official Disability Guidelines- Functional Capacity Evaluation

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 2, page 21 does acknowledge that functional capacity evaluation can be considered when necessary to translate medical impairment into functional limitations and to determine work capability, in this case, however, the applicant was/is off of work, on total temporary disability, both before and after performance of the functional capacity evaluation at issue. The FCE results were not, moreover, described in a meaningful or coherent fashion. The attending provider did not act on the results of the FCE and alter the applicant's work status based on the results of the same. The applicant, moreover, does not appear to have a job to return to. It was not readily evident, thus, why a functional capacity evaluation was performed in the clinical and vocational context present here. Therefore, the request was not medically necessary.

**(Retro) DOS 07/23/14 Mentherm gel 240gm:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation <http://www.drugs.com/cdi/mentherm-cream.html>

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): Table 3-1,49.

**Decision rationale:** As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, Table 3-1, page 49, topical medications such as Methoderm are deemed "not recommended." Here, the attending provider concurrently furnished the applicant with a prescription for naproxen, a first-line oral pharmaceutical, effectively obviating the need for the Methoderm gel at issue. Therefore, the request was not medically necessary.

**(Retro) DOS 07/23/14 Omeprazole-Prilosec 20mg # 60: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- NSAIDs, GI symptoms and cardiovascular risk

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Food and Drug Administration (FDA), Prilosec Medication Guide.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines were not applicable as of the date in question, July 23, 2014. While the Food and Drug Administration (FDA) acknowledges that Prilosec (omeprazole) is indicated in the treatment of duodenal ulcers, gastric ulcers, in pathological hypersecretory conditions, in erosive esophagitis, and/or in gastroesophageal reflux disease, in this case, however, there was no mention of the applicant's having any issues with reflux, heartburn, and/or dyspepsia evident on the July 23, 2014 office visit on which Prilosec was prescribed. Therefore, the request was not medically necessary.

**(Retro) DOS 07/23/14 Chiropractic treatment 2 x 5 (unspecified): Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** While the MTUS Guideline in ACOEM Chapter 9, page 203 does acknowledge that manipulation by manual therapist has been described as effective for applicants with frozen shoulders, ACOEM qualifies its recommendation by noting that the period of treatment is limited to a few weeks. Here, the request for chiropractic manipulative therapy twice a week for five weeks, thus, was at odds with the MTUS Guideline in ACOEM Chapter 9, page 203. It is further noted that the applicant seemingly retained 165 degrees of shoulder abduction and 175 degrees of shoulder flexion on the July 23, 2014 office visit at issue. The applicant's presentation, thus, was not at suggestive of frozen shoulder/adhesive capsulitis for which manipulative therapy/chiropractic treatment would have been indicated. Therefore, the request was not medically necessary.

**(Retro) DOS 07/23/14 MRI right shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Shoulder Chapter

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

**Decision rationale:** The attending provider indicated in his July 23, 2014 progress note that he was seeking MRI imaging of the shoulder for academic or evaluation purposes, to rule out internal derangement. The attending provider acknowledged that he had no intention of acting on the results of the proposed shoulder MRI. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 9, Table 9-6, page 214, the routine usage of MRI imaging for evaluation purposes without surgical indications is deemed "not recommended." Here, the attending provider, as noted previously, had no intention of acting on the results of the shoulder MRI at issue. Therefore, the request was not medically necessary.