

<b>Case Number:</b>	CM14-0214787		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	11/16/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	12/04/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: California, New York, Florida

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease, Critical Care 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 injured worker is a 62-year-old female who reported an injury on 11/16/2011. The mechanism of injury was not specifically stated. Prior therapies included acupuncture, a right carpal tunnel release in 2007, and extracorporeal shock wave therapy procedures for the left shoulder and elbows. The injured worker additionally underwent chiropractic care. The specific mechanism of injury was repetitive motion. The injured worker was noted to undergo electrical stimulation, hot and cold packs, ultrasound, roller bed therapy, paraffin wax and chiropractic adjustments. The injured worker had physical therapy. The documentation of 10/16/2014 revealed the injured worker had complaints of burning radicular neck pain and muscle spasms greater on the left. The injured worker had complaints of bilateral burning shoulder pain radiating down the arms to the fingers greater on the left with associated muscle spasms, bilateral burning elbow pain and muscle spasms greater on the left, burning and numbing bilateral wrist pain and muscle spasms. The injured worker indicated that the pain is aggravated by activities of daily living and performing personal hygiene. The cervical spine examination revealed the injured worker had tenderness to palpation at the occiputs, trapezius and the levator scapula muscles. There was tenderness to palpation in the splenius, scalene, and over the sternocleidomastoid muscles. There were no spasms or torticollis noted. The injured worker had decreased range of motion. The injured worker had a positive bilateral cervical distraction and cervical compression test. The physical examination of the bilateral shoulders revealed tenderness to palpation at the AC joints and subacromial space. There was tenderness to palpation at the rhomboids and levator scapula muscles with trigger points noted. There was AC

joint arthrosis. There was crepitus with range of motion. The range of motion of the bilateral shoulders was decreased. The injured worker had a positive Neer's impingement sign and Kennedy Hawkins test bilaterally and had a positive Jobe's test on the left. The sensation was noted to be decreased to pinprick of the median and ulnar nerve distribution and the bilateral upper extremities. The myotomes at C5, C6, C7, C8, and T1 were decreased secondary to pain in the bilateral upper extremities. The diagnoses included cervical spine HNP, cervical radiculopathy, cervical spine pain, bilateral shoulder impingement syndrome, left shoulder SLAP tear, cubital syndrome bilateral, carpal syndrome bilaterally, and epicondylitis bilaterally. The treatment plan included a referral to an orthopedic surgeon for the right shoulder, pain management specialist for epidural steroid injections for the cervical spine, extracorporeal shock wave therapy up to 3 treatments for the right shoulder and 6 treatments for the cervical spine, physical therapy, acupuncture, chiropractic treatment as well as Terocin patches for pain relief. Other medications were noted to include Synapryn, Tabradol, Deprizine, Dicopanol, and Fanatrex. There was no request for authorization submitted for review for the requested therapies.

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

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

**Extracorporeal Shockwave Therapy (ESWT) for the right shoulder and cervical spine Qty: 12.00: Upheld**

**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): 201-205. Decision based on Non-MTUS Citation Wang, Ching-Jen. "Extracorporeal shockwave therapy in musculoskeletal disorders." Journal of orthopaedic surgery and research 7.1 (2012): 1-8.

**Decision rationale:** The American College of Occupational and Environmental Medicine guidelines indicate that some medium quality evidence supports high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder, but does not address therapy for the cervical spine. The Official Disability Guidelines do not address ESWT for the cervical spine. As such tertiary guidelines were sought. Per Wang, Ching-Jen (2012), The application of extracorporeal shockwave therapy (ESWT) in musculoskeletal disorders has been around for more than a decade and is primarily used in the treatment of sports related over-use tendinopathies such as proximal plantar fasciitis of the heel, lateral epicondylitis of the elbow, calcific or non-calcific tendonitis of the shoulder and patellar tendinopathy etc. The clinical documentation submitted for review failed to provide documentation of exceptional factors to warrant a necessity for extracorporeal shock wave therapy for 12 sessions. There was a lack of documentation indication the injured worker had calcifying tendinitis or sports related overuse tendinopathy to support the use in the cervical spine. Given the above, the request for Extracorporeal Shockwave Therapy (ESWT) for the right shoulder and cervical spine Qty: 12.00 is not medically necessary.

**Physical Therapy for the right shoulder and cervical spine Qty: 18.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 98-99, Chronic Pain Treatment Guidelines Page(s): 48.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98, 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule Guidelines recommend physical medicine treatment for up to 10 visits for myalgia and myositis as well as radiculitis and radiculopathy. The clinical documentation submitted for review indicated the injured worker had previously undergone physical therapy. The parts of the body that received physical therapy were not provided. The quantity of sessions was not provided. The objective functional benefit that was received was not provided. There was a lack of documentation of exceptional factors to warrant nonadherence to guideline recommendations. The request for 18 sessions would be excessive. Given the above, and the lack of documentation, the request for Physical Therapy for the right shoulder and cervical spine Qty: 18.00 is not medically necessary.

**Chiropractic treatment for the right shoulder and cervical spine Qty: 18.00: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 58-60; 173.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58, 59.

**Decision rationale:** The California MTUS states that manual therapy and manipulation is recommended for chronic pain if caused by musculoskeletal conditions. Treatment for flare-ups requires a need for re-evaluation of prior treatment success. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Treatment beyond 4-6 visits should be documented with objective improvement in function. The maximum duration is 8 weeks and at 8 weeks patients should be re-evaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The clinical documentation submitted for review indicated the injured worker had previously undergone chiropractic therapy. There was a lack of documentation indicating the prior treatment successes. There was a lack of documentation indicating the chiropractic treatment had improved function, decreased pain, and improved quality of life. The request for 18 sessions would be excessive. Given the above, the request for Chiropractic treatment for the right shoulder and cervical spine Qty: 18.00 is not medically necessary.

**Acupuncture treatment for the right shoulder and cervical spine Qty: 18.00: Upheld**

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

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

**Decision rationale:** The California Medical Treatment Utilization Schedule guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture can be used to reduce pain, reduce inflammation, increase blood flow, increase range of motion, decrease the side effect of medication-induced nausea, promote relaxation in an anxious patient, and reduce muscle spasm. The time to produce functional improvement is 3 to 6 treatments and Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the injured worker had previously undergone acupuncture therapy. There was a lack of documentation of objective functional improvement including a clinically significant improvement in the activities of daily living or a reduction in work restrictions. The request for 18 sessions would be excessive without re-evaluation. Given the above, the request for Acupuncture treatment for the right shoulder and cervical spine Qty: 18.00 is not medically necessary.