

Case Number:	CM15-0001712		
Date Assigned:	01/26/2015	Date of Injury:	04/21/2003
Decision Date:	03/25/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/05/2015

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: New York
 Certification(s)/Specialty: Anesthesiology

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 60year old male, who sustained an industrial injury on April 21, 2003. The diagnoses have included status post right shoulder re-arthroscopy/Mumford procedure, July 13, 2010, and September 28, 2011, with history of right shoulder mini repair and cuff repair February 2005, left shoulder periscapular strain with bursitis, tendinitis, and impingement per diagnostic ultrasound September 8, 2010, bilateral elbow medial and lateral epicondylitis, bilateral dynamic carpal tunnel syndrome with wrist and forearm tendinitis, left wrist triangular fibrocartilage complex tear with tenosynovitis flexor/extensor carpi ulnaris per diagnostic ultrasound February 13, 2014, history of bilateral inguinal hernia repair March 2004, with repeat repair on the right and rule out recurrent right inguinal hernia, and abdominal pain likely secondary to medications. Treatment to date has included right shoulder re-arthroscopy/Mumford procedure 2010, and 2011, right shoulder mini-repair 2005, left wrist injection, and medications. Currently, the IW complains of left wrist pain, with numbness and tingling, and bilateral elbow epicondylar pain. The Primary Treating Physician's report dated November 25, 2014, noted the injured worker with decreased left wrist pain following a local cortisone injection. Examination was noted to show bilateral elbow tenderness to palpation over the medial and lateral epicondyles, with Cozen's test and Reverse Cozen's test positive. On December 17, 2014, Utilization Review non-certified three shockwave therapy sessions for the bilateral elbows, a MRI of the bilateral elbows, x-ray of the right shoulder, one subacromial injection under ultrasound, and Tylenol #3 (APAP/Codeine 300/30mg) #60. The UR Physician noted the shoulder x-ray was to rule out calcific tendinitis, which, according the guidelines, was

not necessary to rule out calcium in the rotator cuff as management is usually regardless of the finding, therefore the request for a right shoulder x-ray was non-certified, citing the American College of Occupational and Environmental Medicine (ACOEM) Guidelines. The UR Physician noted the American College of Occupational and Environmental Medicine (ACOEM) Guidelines strongly recommends against the use of extracorporeal shockwave for the elbows, therefore the request was non-certified. The UR Physician noted that the MRI of the bilateral elbows was being requested to rule out a micro-tear for the shockwave therapy, and that based on the request for the shockwave therapy being non-certified, there was no indication for the necessity of the bilateral elbow, therefore the request was non-certified, citing the American College of Occupational and Environmental Medicine (ACOEM) Guidelines. The UR Physician noted that there was no current indication for the necessity for a steroid injection as there was no subjective complaint and no evidence of any recent treatment, therefore the request for the right subacromial injection under ultrasound guidance was non-certified, citing the American College of Occupational and Environmental Medicine (ACOEM) Guidelines and the Official Disability Guidelines (ODG). The UR Physician noted that for the requested Tylenol #3 #60, adequate quantities of the medication were previously provided to the injured worker for weaning and additional medication was not needed, therefore the request for Tylenol #3 #60 was non-certified, citing the Chronic Pain Medical Treatment Guidelines. On January 05, 2014, the injured worker submitted an application for IMR for review of three shockwave therapy sessions for the bilateral elbows, a MRI of the bilateral elbows, x-ray of the right shoulder, one subacromial injection under ultrasound, and Tylenol #3 (APAP/Codeine 300/30mg) #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

3 shockwave therapy for bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007). Decision based on Non-MTUS Citation Medscape Internal Medicine

Decision rationale: Extracorporeal shock wave therapy (ESWT) is a noninvasive treatment proposed to treat refractory tendonopathies such as, plantar fasciitis. It has also been introduced as an alternative to surgery for patients that have not responded to other conservative therapies. ESWT is a noninvasive treatment that involves delivery of low or high energy shock waves via a device to a specific site within the body. These pressure waves travel through fluid and soft tissue; their effects occur at sites where there is a change in impedance, such as the bone/soft tissue interface. Low-energy shock wave treatments are generally given in one session and usually require some type of anesthesia. Studies have shown that there does not appear to be a meaningful difference between treating lateral epicondylitis with extracorporeal shock wave therapy combined with forearm-stretching program and treating with forearm-stretching program alone, with respect to resolving pain within an 8-week period of commencing treatment. There was no added benefit of ESWT over that of placebo in the treatment, of lateral epicondylitis. Thus, there is a recommendation against using extracorporeal shockwave therapy. Medical

necessity for the requested procedure has not been established. The requested service is not medically necessary.

MRI of the bilateral elbows: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 42.

Decision rationale: According to ACOEM, MRI of the elbow is indicated for patients with limitation of activities after four weeks of conservative treatment and for patients considered for surgery due to specific anatomic defects on physical exam. An MRI is indicated for suspected ulnar collateral ligament tear but not for epicondylalgia. In this case, the patient has bilateral medial and lateral epicondyle tenderness, but no reported anatomic defects on physical exam or evidence of instability. Medical necessity for the requested items has not been established. The requested items are not medically necessary.

X-ray of right shoulder: 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): 207.

Decision rationale: According to ACOEM Guidelines, x-rays of the shoulder are not recommended during the first month to six weeks of activity limitation due to shoulder symptoms, except when there is evidence on history and physical exam which raises suspicion of a serious shoulder condition. Cases of shoulder impingement are managed the same regardless of whether radiographs show calcium in the rotator cuff or degenerative changes are seen around the glenohumeral or AC joint. In this case, the patient has pain with shoulder rotation but no specific evidence of instability. Medical necessity for the requested item has not been established. The requested item is not medically necessary.

1 right subacromial injection under ultrasound: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204. Decision based on Non-MTUS Citation Official Disability Guidelines, Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 204.

Decision rationale: According to ACOEM guidelines, subacromial injection may be indicated after a trial of conservative treatment when there is continued pain with rotation that significantly limits activities. ODG states that the indications for injection include adhesive capsulitis, impingement syndrome, or rotator cuff problems. Injection may be an option when conservative treatment of at least 3 months fails to control symptoms and pain interferes with functional activities. The injections are generally performed without fluoroscopic or ultrasound guidance. In this case, there are no subjective findings reported for the right shoulder. Although impingement testing is positive, there is no evidence that the patient has received any noninvasive treatment of the right shoulder. There is no evidence that the patient is maintaining a regular home exercise program. In addition, there is no specific indication for a steroid injection of the right shoulder with ultrasound guidance. Medical necessity for the requested shoulder injection under ultrasound guidance has not been established. The requested procedure is not medically necessary.

Tylenol #3 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS (2009), Opioids, Codeine Page(s): 91-97. Decision based on Non-MTUS Citation Codeine, Tylenol with Codeine

Decision rationale: Tylenol #3 (Tlenaol with Codeine) is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. It is recommended as an option for mild to moderate pain. Codeine is a schedule C-II controlled substance, but codeine with acetaminophen is a C-III controlled substance. It is similar to morphine. 60 mg of codeine is similar in potency to 600 mg of acetaminophen. It is widely used as a cough suppressant. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional status, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. The certification of the requested medication is not recommended.