MAXIMUS Federal Services

Case Number:	CM15-0120276		
Date Assigned:	06/30/2015	Date of Injury:	09/26/2014
Decision Date:	09/22/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	06/22/2015

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: Texas, Illinois
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 injured worker (IW) is a 21-year-old male who sustained an industrial injury on 09/26/2014. Diagnoses include right shoulder strain, tendinitis and lumbar spine strain. Treatment to date has included medications, chiropractic treatment, acupuncture and physical therapy and activity modification. According to the Doctor's First Report of Occupational Injury or Illness dated 5/13/15, the IW reported occasional mild pain in the right shoulder and constant mild lower back pain. He reported he had been decreasing the use of and resting the right shoulder since the injury. On examination, there was tenderness along the bilateral L5-S1 paravertebral muscles. A request was made for physical therapy for the right shoulder and the lumbar spine twice a week for three weeks with home exercise program for strengthening, increased motion and weight loss; acupuncture treatment to the right shoulder and lumbar spine twice a week for three weeks for pain relief, to decrease inflammation and increase range of motion; Ultracet #40 for pain; functional capacity evaluation (FCE) for evaluation of activities of daily living at the beginning of treatment to establish a baseline; and ESWT (extra corporeal shockwave therapy) for the right shoulder times three.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right shoulder and lumbar spine 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 05/04/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

Decision rationale: The injured worker sustained a work related injury on 09/26/2014. The medical records provided indicate the diagnosis of right shoulder strain, tendinitis and lumbar spine strain. Treatment to date has included medications, chiropractic treatment, acupuncture and physical therapy and activity modification. The medical records provided for review do not indicate a medical necessity for Physical therapy for the right shoulder and lumbar spine 2 times a week for 3 weeks. A document dated 05/13/15 stated the injured worker has done 12 Acupuncture sessions, 18 Chiropractic sessions, and 12 Physical therapy sessions year .The MTUS chronic pain physical medicine guideline recommends a fading treatment of 8-10 visits followed by home exercise program. Therefore, the injured worker has exceeded the number of recommended physical therapy sessions, and is at this stage expected to continue with home exercise program. The request is not medically necessary.

Acupuncture treatment for the right shoulder and lumbar spine 2 times a week for 3 weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (updated 05/04/15).

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The injured worker sustained a work related injury on 09/26/2014. The medical records provided indicate the diagnosis of right shoulder strain, tendinitis and lumbar spine strain. Treatment to date has included medications, chiropractic treatment, acupuncture and physical therapy and activity modification. The medical records provided for review do indicate a medical necessity for Acupuncture treatment for the right shoulder and lumbar spine 2 times a week for 3 weeks. A document dated 05/13/15 stated the injured worker has done 12 Acupuncture sessions, 18 Chiropractic sessions, and 12 Physical therapy sessions year. The MTUS acupuncture guideline states, (c) Frequency and duration of acupuncture or acupuncture with electrical stimulation may be performed as follows: (1) Time to produce functional improvement: 3 to 6 treatments. (2) Frequency: 1 to 3 times per week. (3) Optimum duration: 1 to 2 months. (d) Acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20(ef). Functional improvement means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS)

pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. Therefore, based on the reported improvement in endurance from 60 minutes to 90 minutes, and improvement from use of treadmill, initially unable to currently being able to use the treadmill for 10 minutes, the requested treatment is medically necessary and appropriate.

Ultracet #40: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol (Ultram), Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, hypertension and renal function; Opioids Page(s): 69; 78-88.

Decision rationale: The injured worker sustained a work related injury on 09/26/2014. The medical records provided indicate the diagnosis of right shoulder strain, tendinitis and lumbar spine strain. Treatment to date has included medications, chiropractic treatment, acupuncture and physical therapy and activity modification. The medical records provided for review do indicate a medical necessity for Ultracet #40. Ultarcet is a combination of the synthetic opioid, Tramadol, and Acetaminophen. The MTUS recommends the use of the lowest dose of opioids for the short-term treatment of moderate to severe pain. The MTUS does not recommend the long-term use of opioids in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The medical records indicate the injured worker had been taking NSAIDs for a while; there was no evidence of previous use of this medication or other opioids in the past, Therefore, considering this medication is not being used as a first line analgesic, the requested treatment is medically necessary, especially so as the injured worker has uncontrolled hypertension which will likely be affected by the continued use of NSAIDs.

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Capacity Evaluation (FCE).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty Functional capacity evaluation (FCE).

Decision rationale: The injured worker sustained a work related injury on 09/26/2014. The medical records provided indicate the diagnosis of right shoulder strain, tendinitis and lumbar spine strain. Treatment to date has included medications, chiropractic treatment, acupuncture and physical therapy and activity modification. The medical records provided for review do not indicate a medical necessity for Functional capacity evaluation (FCE). The medical records

reveal a request was made for physical therapy and acupuncture the same time a request was made for FCE, indicating the injured worker was not at MMI. The treating provider admitted the injured worker was not at Maximal Medical Improvement, but the test was being done to ascertain the injured worker's baseline activities of daily living. Although the MTUS mentioned this topic, the MTUS did not give the criteria for FCE; therefore reference is made to the Official Disability Guidelines. The Official Disability Guidelines states, "Consider an FCE if: 1) Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. Injuries that require detailed exploration of a worker's abilities. 2) Timing is appropriate: Close or at MMI/all key medical reports secured. Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." Therefore, the requested treatment is not medically necessary.

ESWT (Extracorporeal Shockwave Therapy) for the right shoulder, quantity: 3: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, ESWT (Extracorporeal Shockwave Therapy).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic) Extracorporeal shock wave therapy (ESWT).

Decision rationale: The injured worker sustained a work related injury on 09/26/2014. The medical records provided indicate the diagnosis of right shoulder strain, tendinitis and lumbar spine strain. Treatment to date has included medications, chiropractic treatment, acupuncture and physical therapy and activity modification. The medical records provided for review do not indicate a medical necessity for ESWT (Extracorporeal Shockwave Therapy) for the right shoulder, quantity: 3. The MTUS and the Official Disability Guidelines do not recommend ESWT for any other shoulder condition other than for calcifying tendinitis. The medical records do not indicate the injured worker suffers from calcific tendinitis of the shoulder. The request is not medically necessary.