

Case Number:	CM15-0128990		
Date Assigned:	07/15/2015	Date of Injury:	01/23/2015
Decision Date:	09/23/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/02/2015

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old female, who sustained an industrial injury on 1/23/15. She reported right shoulder, bilateral wrist, and bilateral hand pain. The injured worker was diagnosed as having right shoulder sprain/strain rule out rotator cuff tear and bilateral wrist/hand sprain/strain rule out carpal tunnel syndrome. Treatment to date has included physical therapy, acupuncture, shockwave therapy, and medication. Physical examination findings on 4/24/15 included right shoulder and bilateral wrist reduced range of motion. Currently, the injured worker complains of right shoulder pain, bilateral wrist pain, and hand pain. The treating physician requested authorization for Terocin pain patches, extracorporeal shockwave therapy x 3 to the left wrist, chiropractic sessions 3 x 6, acupuncture 3 x 6, and physical therapy 3 x 6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Terocin pain patches: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Lidoderm (Lidocaine patch).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines topical Lidocaine Page(s): 112.

Decision rationale: The patient was injured on 01/23/15 and presents with right shoulder pain radiating down the arm, bilateral wrist pain, and hand pain. The request is for TEROGIN PAIN PATCHES. The RFA is dated 04/24/15 and the patient is to remain off of work from 05/22/15 to 06/19/15. Terocin patches are dermal patches with 4% Lidocaine, 4% menthol. MTUS Guidelines page 57 states, topical Lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line treatment (tricyclic or SNRI antidepressants or an AED such as Gabapentin or Lyrica). Page 112 also states, Lidocaine indicates: Neuropathic pain. Recommended for localized peripheral pain, in reading ODG Guidelines, it specifies that Lidoderm patches are indicated as a trial if there is evidence of localized pain that is consistent with a neuropathic etiology. ODG further requires documentation of the area for treatment, trial of a short-term use, and outcome documented for function and pain. The right shoulder has a decreased range of motion and there is tenderness at the delto-pectoral groove and on the insertion of the supraspinatus muscle. There is tenderness to palpation over the carpal bones and over the thenar eminence and tenderness at the carpal tunnel and the first dorsal extensor muscle compartment. She is diagnosed with right shoulder sprain/strain rule out rotator cuff tear and bilateral wrist/hand sprain/strain rule out carpal tunnel syndrome. Treatment to date has included physical therapy, acupuncture, shockwave therapy, and medication. In this case, the patient does not present with peripheral localized neuropathic pain as indicated by MTUS Guidelines. Therefore, the requested Terocin patch IS NOT medically necessary.

ESWT x 3 to the left wrist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist and Hand Chapter, Electrical Stimulators (E-stim).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow, Hand & Wrist' Chapter under Extracorporeal shockwave therapy (ESWT).

Decision rationale: The patient was injured on 01/23/15 and presents with right shoulder pain radiating down the arm, bilateral wrist pain, and hand pain. The request is for ESWT X 3 TO THE LEFT WRIST. The RFA is dated 05/22/15 and the patient is to remain off of work from 05/22/15 to 06/19/15. ODG Guidelines, 'Elbow, Hand & Wrist' Chapter under 'Extracorporeal shockwave therapy (ESWT) states that it is recommended for Patients whose pain from lateral epicondylitis (tennis elbow) has remained despite six months of standard treatment. The right shoulder has a decreased range of motion and there is tenderness at the delto-pectoral groove and on the insertion of the supraspinatus muscle. There is tenderness to palpation over the carpal bones and over the thenar eminence and tenderness at the carpal tunnel and the first dorsal extensor muscle compartment. She is diagnosed with right shoulder sprain/strain rule out rotator cuff tear and bilateral wrist/hand sprain/strain rule out carpal tunnel syndrome. Treatment to date has included physical therapy, acupuncture, shockwave therapy, and medication. In this case, the patient suffers from bilateral wrist pain. While MTUS and ACOEM guidelines do not discuss

shockwave therapy, ODG guidelines do not indicate extracorporeal shockwave therapy for wrist conditions. Therefore, the request IS NOT medically necessary.

Chiropractic sessions 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203, Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiro Treatments Manual Therapy & Manipulation Page(s): 58.

Decision rationale: The patient was injured on 01/23/15 and presents with right shoulder pain radiating down the arm, bilateral wrist pain, and hand pain. The request is for CHIROPRACTIC SESSIONS 3 X 6. The RFA is dated 04/24/15 and the patient is to remain off of work from 05/22/15 to 06/19/15. MTUS Guidelines, Chiro Treatments Manual Therapy & Manipulation, pages 58-59 allow up to 18 sessions of treatment following initial trial of 3 to 6 if functional improvements can be documented. The right shoulder has a decreased range of motion and there is tenderness at the delto-pectoral groove and on the insertion of the supraspinatus muscle. There is tenderness to palpation over the carpal bones and over the thenar eminence and tenderness at the carpal tunnel and the first dorsal extensor muscle compartment. She is diagnosed with right shoulder sprain/strain rule out rotator cuff tear and bilateral wrist/hand sprain/strain rule out carpal tunnel syndrome. Treatment to date has included physical therapy, acupuncture, shockwave therapy, and medication. MTUS guidelines allow up to 18 sessions of treatment following initial trial of 3-6 sessions. Review of the reports provided does not indicate if the patient has had any prior chiropractic sessions. A decision to warrant the requested chiropractic treatment cannot be made based on guidelines without a precise treatment history or documentation of treatment efficacy. Furthermore, the request for 18 sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.

Acupuncture 3 x 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The patient was injured on 01/23/15 and presents with right shoulder pain radiating down the arm, bilateral wrist pain, and hand pain. The request is for ACUPUNCTURE 3 X 6. The RFA is dated 05/22/15 and the patient is to remain off of work from 05/22/15 to 06/19/15. The patient has had prior acupuncture sessions. MTUS Guidelines, Acupuncture, page 8 recommends acupuncture for pain, suffering, and for restoration of function. Recommended frequency and duration is 3 to 6 treatments for trial, and with functional improvement, 1 to 2 per month. For additional treatment, MTUS Guidelines require functional improvement as defined by Labor Code 9792.20 (e), a significant improvement in ADLs, or change in work status and reduced dependence on medical treatments. The right shoulder has a decreased range of motion and there is tenderness at the delto-pectoral groove and on the insertion of the supraspinatus

muscle. There is tenderness to palpation over the carpal bones and over the thenar eminence and tenderness at the carpal tunnel and the first dorsal extensor muscle compartment. She is diagnosed with right shoulder sprain/strain rule out rotator cuff tear and bilateral wrist/hand sprain/strain rule out carpal tunnel syndrome. Treatment to date has included physical therapy, acupuncture, shockwave therapy, and medication. It appears that the patient has already had acupuncture sessions prior to this request. However, it is unknown how many total sessions of acupuncture the patient has had to date, when these session occurred, and how these acupuncture sessions impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of acupuncture cannot be reasonably warranted as the medical necessity. The requested 18 sessions of acupuncture IS NOT medically necessary.

Physical Therapy 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 98.

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

Decision rationale: The patient was injured on 01/23/15 and presents with right shoulder pain radiating down the arm, bilateral wrist pain, and hand pain. The request is for PHYSICAL THERAPY 3 X 6. The RFA is dated 04/24/15 and the patient is to remain off of work from 05/22/15 to 06/19/15. MTUS Guidelines, Physical Medicine, pages 98 and 99 have the following: Physical medicine: Recommended as an indicated below. Allow for fading of treatments frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. MTUS Guidelines pages 98 and 99 state that for myalgia, myositis, 9 to 10 visits are recommended over 8 weeks, and for neuralgia, neuritis, and radiculitis, 8 to 10 visits are recommended. The right shoulder has a decreased range of motion and there is tenderness at the delto-pectoral groove and on the insertion of the supraspinatus muscle. There is tenderness to palpation over the carpal bones and over the thenar eminence and tenderness at the carpal tunnel and the first dorsal extensor muscle compartment. She is diagnosed with right shoulder sprain/strain rule out rotator cuff tear and bilateral wrist/hand sprain/strain rule out carpal tunnel syndrome. Treatment to date has included physical therapy, acupuncture, shockwave therapy, and medication. It appears that the patient has already had physical therapy sessions prior to this request. However, it is unknown how many total sessions of physical therapy the patient has had to date, when these session occurred, and how these sessions impacted the patient's pain and function. Given the absence of documentation of functional improvement as defined and required by MTUS Guidelines, additional sessions of physical therapy cannot be reasonably warranted as the medical necessity. Furthermore, the requested 18 sessions of physical therapy exceeds what is recommended by MTUS guidelines. The request IS NOT medically necessary.