

<b>Case Number:</b>	CM15-0177189		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	05/05/2009
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2015

### 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: Arizona, Michigan

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 is a 60 year old female, who sustained an industrial injury on 5-5-2009. Medical records indicate the worker is undergoing treatment for cervical spine disc rupture, thoracic spine disc bulges, failed right shoulder surgery and left shoulder strain. A recent progress report dated 7-15-2015, reported the injured worker complained of neck pain, left shoulder pain flare and left hand pain. Physical examination revealed bilateral shoulder tenderness and painful bilateral shoulder range of motion. Treatment to date has included physical therapy and medication management. The physician treatment plan included right shoulder revision surgery, Shockwave (EST) 1 time a week for 6 weeks, cervical, Physical therapy 2 times a week for 6 weeks for cervical, thoracic, right shoulder, Internal medicine follow-up, Ear-Nose-Throat consultation, dentist follow-up, dental specialist follow-up, neurosurgery consultation, vascular consultation and gastroenterologist specialist consultation. On 8-24-2015, the Utilization Review noncertified the request for Shockwave (EST) 1 time a week for 6 weeks, cervical, Physical therapy 2 times a week for 6 weeks for cervical, thoracic, right shoulder, Internal medicine follow-up, Ear-Nose-Throat consultation, dentist follow-up, dental specialist follow-up, neurosurgery consultation, vascular consultation and gastroenterologist specialist consultation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Shockwave (EST) 1 time a week for 6 weeks, cervical: 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), Low Back Chapter.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic) / Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** The MTUS / ACOEM did not sufficiently address the use of shockwave treatments for the cervical and lumbar spine therefore, other guidelines were consulted. Per the ODG, ECSWT is not recommended for back pain. The available evidence does not support the effectiveness of shock wave for treating back pain. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged. A review of the injured workers medical records that are available to me do not reveal extenuating circumstances that would warrant deviating from the guidelines therefore the request for Shockwave (EST) 1 time a week for 6 weeks, cervical is not medically necessary.

**Physical therapy 2 times a week for 6 weeks for cervical, thoracic, right shoulder: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**Decision rationale:** Per the MTUS, physical therapy is recommended following specific guidelines, allowing for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self directed home physical medicine. For myalgia and myositis unspecified the guidelines recommend 9-10 visits over 8 weeks. Neuralgia, neuritis and radiculitis unspecified 8- 10 visits over 4 weeks. A review of the injured workers medical records reveal that she has had physical therapy in the past, however it is unclear how many sessions she had and if there was improvement in pain and function with its use, there is no mention of how she is doing on a home exercise program, without this information it is not possible to establish medical necessity. The request is also for multiple parts of the anatomy which all have different guideline recommendations and cannot be evaluated as one request, therefore the request for: Physical therapy 2 times a week for 6 weeks for cervical, thoracic, right shoulder is not medically necessary.

**Internal medicine follow-up: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Per the MTUS, Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Unfortunately, a review of the injured workers medical records did not reveal a clear rationale for this referral, It is noted that she is already following up with a family physician therefore the request for internal medicine follow up is not medically necessary.

**Consult ENT:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Per the MTUS, Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Unfortunately a review of the injured workers medical records did not reveal a clear rationale for this referral, It is noted that she is already following up with a family physician for her tonsil problem and has had a biopsy done which was benign. Therefore, the request for consult ENT is not medically necessary.

**Dentist follow-up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Per the MTUS, Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Unfortunately, a review of the injured workers medical records did not reveal a clear rationale for this referral there were no dental complaints noted and visits to dentists typically don't need referrals therefore the request for Dentist follow up is not medically necessary.

**Dental specialist follow-up:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Per the MTUS, Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Unfortunately, a review of the injured workers medical records did not reveal a clear rationale for this referral there were no dental complaints noted and visits to dentists typically don't need referrals therefore the request for Dental specialist follow up is not medically necessary.

**Consult Neurosurgery:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Low Back Complaints 2004, Section(s): Surgical Considerations.

**Decision rationale:** Per MTUS/ ACOEM, referral for surgical consultation is indicated for patients who have: Severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise, Activity limitations due to radiating leg pain for more than one month or extreme progression of lower leg symptoms, clear clinical, imaging, and electrophysiologic evidence of a lesion that has been shown to benefit in both the short and long term from surgical repair, failure of conservative treatment to resolve disabling radicular symptoms. With or without surgery, more than 80% of patients with apparent surgical indications eventually recover. Although surgery appears to speed short- to mid-term recovery, surgical morbidity (recovery and rehabilitation time and effects) and complications must be considered. Surgery benefits fewer than 40% of patients with questionable physiologic findings. Moreover, surgery increases the need for future surgical procedures with higher complication rates. A review of the injured workers recent medical records are mostly illegible and medical necessity for surgical consult is not established from the information that is garnered.

**Consult Vascular:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Cornerstones of Disability Prevention and Management.

**Decision rationale:** Per the MTUS, Referral may be appropriate if the practitioner is uncomfortable with the line of inquiry, with treating a particular cause of delayed recovery, or has difficulty obtaining information or agreement to a treatment plan. Unfortunately a review of the injured workers medical records did not reveal a clear rationale for this referral, there were

no subjective or objective findings of a vascular nature noted, therefore the request for consult vascular is not medically necessary.

**Consult GI specialist:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, GI symptoms & cardiovascular risk. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Proton Pump Inhibitors (PPIs).

**Decision rationale:** Per the MTUS, Clinicians should weigh the indications for NSAIDs against both GI and cardiovascular risk factors according to specific criteria listed in the MTUS and a selection should be made based on these criteria 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). Per the ODG, PPI's are Recommended for patients at risk for gastrointestinal events. Prilosec (omeprazole), Prevacid (lansoprazole) and Nexium (esomeprazole magnesium) are PPIs. Healing doses of PPIs are more effective than all other therapies, although there is an increase in overall adverse effects compared to placebo. A review of the injured workers medical records that are available do not reveal any subjective or objective gastrointestinal findings and the rationale for this referral is unclear, therefore the request for consult GI specialist is not medically necessary.