

Case Number:	CM15-0027142		
Date Assigned:	02/19/2015	Date of Injury:	02/12/2014
Decision Date:	06/03/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	02/12/2015

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, Arizona
 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 61 year old male who sustained an industrial injury on 2/12/14. The mechanism of injury was a slip and fall. The documentation of 1/19/15 revealed complaints include constant, burning right shoulder pain radiating down the arm to the fingers, associated with muscle spasms. In addition he has burning radicular low back pain and muscle spasms and burning bilateral knee pain. The pain intensity is 7/10. Medications include Deprizine, Dicopanor, Fanatrex, Synapryn, Tabradol, Cyclobenzaprine and Ketapofren cream. Diagnoses include right shoulder tendinitis, AC arthrosis, medial and lateral meniscal tear; bilateral knee pain; internal derangement of the right knee; lumbar disc displacement, herniated nucleus propulsus; lumbar spine degenerative disc disease; radiculitis, lower extremities. Treatments to date include neurostimulation therapy, physical therapy, acupuncture and chiropractic treatment for the right shoulder, knee and lumbar spine, shockwave therapy for the right shoulder and knee, platelet rich plasma treatment for the right shoulder and knee and medications. In the progress note dated 1/19/15 the treating provider requested all of the below listed treatments, noting they help Improve function. On 2/5/15 Utilization Review non-certified the requests for: Eighteen sessions of chiropractic manipulation Eighteen (18) sessions of acupuncture Six (6) sessions of LINT Three (3) sessions of shockwave therapy treatments for the right shoulder and knee Six (6) sessions of shockwave therapy for the lumbar spine Three (3) sets of platelet rich plasma (PRP) treatment citing MTUS: Chronic Pain Medical treatment Guidelines: Manual Therapy & Manipulation; MTUS: Chronic Pain Medical treatment Guidelines: Acupuncture Guidelines; ACOEM: Chapter 9 (Shoulder Complaints); MTUS: Chronic Pain Medical treatment

Guidelines: Extracorporeal Shock Wave Therapy: Shoulder: Ankle and Foot; ODG: Platelet Rich Plasma respectively.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eighteen (18) sessions of chiropractic manipulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy Page(s): 58 and 59.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines states that manual therapy and manipulation is recommended for chronic pain if caused by musculo-skeletal conditions. For the low back, therapy is recommended initially in a therapeutic trial of 6 sessions, and with objective functional improvement, a total of up to 18 visits over 6 to 8 weeks may be appropriate. Treatment for flare ups requires a need for re-evaluation of prior treatment success. Treatment is not recommended for the ankle and foot, carpal tunnel syndrome, the forearm, wrist and hand, or the knee. 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 to 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 patient had previously attended chiropractic care. The documentation indicated the injured worker had improvement in function, but there was a lack of documentation of an "objective" improvement in function, decreased pain, and improvement in quality of life. The request as submitted failed to indicate the body part to be treated. Given the above, the request for 18 sessions of chiropractic manipulation is not medically necessary.

Eighteen (18) sessions of acupuncture: Upheld

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

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 documentation indicated the injured worker had improvement in function, but there was a lack of documentation of a clinically significant improvement in activities of daily living or a reduction in work restrictions related to the use of acupuncture. The request as submitted failed to indicate the body part to be treated. Given the above, the request for Eighteen (18) sessions of acupuncture is not medically necessary.

Six (6) sessions of LINT: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Lumbar & Thoracic (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NMES, TENS Page(s): 121 and 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that a neuromuscular electrical stimulation (NMES devices) is not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. A 1 month trial of a TENS unit is recommended if it is used as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. Prior to the trial, there must be documentation of at least 3 months of pain and evidence that other appropriate pain modalities have been tried (including medication) and have failed. The documentation indicated the injured worker had improvement in function, but there was a lack of documentation of an "objective" improvement in function with prior treatments. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the body part to be treated. Given the above, the request for Six (6) sessions of LINT is not medically necessary.

Three (3) sessions of shockwave therapy treatments for the right shoulder and knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 14 Ankle and Foot Complaints Page(s): 203, 29, and 371.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg chapter, Extracorporeal shock wave therapy (ESWT).

Decision rationale: The California ACOEM Guidelines indicate that some median quality evidence supports manual physical therapy and extracorporeal shockwave therapy for

calcifying tendinitis of the shoulder. The clinical documentation submitted for review failed to provide documentation the injured worker had calcifying tendinitis of the shoulder. There was a lack of documentation of specific objective functional benefit that was received. The request for the shoulder would not be supported. The California MTUS and ACOEM Guidelines do not specifically address extracorporeal shockwave therapy for the knee. As such, secondary guidelines were sought. The Official Disability Guidelines indicate that extracorporeal shockwave therapy is under study for patellar tendinopathy and for long bone hypertrophic non-unions. The clinical documentation submitted for review failed to provide documentation the injured worker had patellar tendinopathy or long bone hypertrophic nonunion. The documentation indicated the injured worker had previously attended extracorporeal shockwave therapy for the knee. There was a lack of documentation of objective functional benefit and the quantity of sessions previously attended. Given the above, the request for Three (3) sessions of shockwave therapy treatments for the right shoulder and knee is not medically necessary.

Six (6) sessions of shockwave therapy for the lumbar spine: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter, Shock wave therapy.

Decision rationale: The Official Disability Guidelines do not recommend shockwave therapy for low back pain. The clinical documentation submitted for review indicated the injured worker had previously been treated with shockwave therapy. However, there was a lack of documentation of objective functional benefit that was received. Given the above, the request for Six (6) sessions of shockwave therapy for the lumbar spine is not medically necessary.

Three (3) sets of platelet rich plasma (PRP) treatment: 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), Platelet-rich plasma (PRP); Shoulder (Acute & Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Knee & Leg Chapter, Platelet-rich plasma (PRP).

Decision rationale: The Official Disability Guidelines indicate platelet rich plasma injections are under study as a solo treatment. It is currently recommended as an option in conjunction with arthroscopic repair for large to massive rotator cuff tears. Additionally, it is under study for the treatment of the knee. The clinical documentation submitted for review indicated the injured worker had previously undergone platelet rich plasma injections. There was a lack of documentation of exceptional factors to warrant non-adherence to guideline recommendations. The request as submitted failed to indicate the body part(s) to be treated. Given the above, the request for Three (3) sets of platelet rich plasma (PRP) treatment is not medically necessary.