

<b>Case Number:</b>	CM15-0027812		
<b>Date Assigned:</b>	02/20/2015	<b>Date of Injury:</b>	05/09/2014
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	01/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2015

### 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 40-year-old female who sustained an industrial related injury on 5/5/14. The injured worker had complaints of left wrist pain. Diagnoses included left wrist strain, left wrist pain, and left wrist ganglion cyst. The treating physician requested authorization for physical therapy 2x6 for the left wrist, acupuncture 1x6 for the left wrist, MRI of the left wrist, TENS unit, motorized cold therapy unit, electromyography/nerve conduction velocity (EMG/NCV) for bilateral upper extremities, functional capacity evaluation, ortho shockwave, urinalysis test, 200g Capsaicin 0.025%/Flurbiprofen 15%/ Tramadol 15%/ menthol 2%/Camphor 2% and 240g Diclofenac 25%/Tramadol 15%. On 1/29/15, the requests were non-certified. Regarding physical therapy, the utilization review (UR) physician cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted it was not clear if this requests it for initial or additional physical therapy. Regarding acupuncture, the UR physician cited the MTUS guidelines and noted it was not clear if this request was for initial or additional acupuncture treatment. Regarding the MRI, the UR physician cited the Official Disability Guidelines and noted there was no documentation of a diagnosis/condition for with an MRI is indicated. Regarding the TENS unit, the UR physician cited the MTUS guidelines and noted there was no documentation of a treatment plan that included specific short and long term goals of treatment. Regarding a cold therapy unit, the UR physician cited the article "Standardized combined cryotherapy and compression using cryo/cuff after wrist arthroscopy" and noted evidence based guidelines do not consistently support the use of a cold therapy unit. Regarding EMG/NCV, the UR physician cited the MTUS guidelines and noted there was no documentation of response to

additional conservative treatment. Regarding a functional capacity evaluation, the UR physician noted there was no documentation indicating case management was hampered by complex issues. Regarding shockwave treatment, the UR physician cited the MTUS guidelines and noted the injured worker had returned to work and an ergonomic assessment had not been arranged. Regarding the urinalysis, the UR physician cited the MTUS guidelines and noted there was no documentation of on-going opioid treatment. Regarding 200g Capsaicin 0.025%/Flurbiprofen 15%/ Tramadol 15%/ Menthol 2%/Camphor 2% and 240g Diclofenac 25%/Tramadol 15%, the UR physician cited the MTUS guidelines and noted the guidelines do not support-compounded medications that contain Capsaicin, other muscle relaxants, and anti-epilepsy drugs for topical application. Therefore, the requests were non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Physical therapy 2 times week for 6 weeks for the left wrist: Upheld**

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

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

**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. However it is not clear from a review of the injured workers medical records how many sessions of physical therapy the injured worker previously had and there is no documentation of improvement in pain and function with physical therapy and without this information, medical necessity is not established.

**Acupuncture 1 time a week for 6 weeks for the left wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, wrist and hand (acute and chronic) /Acupuncture.

**Decision rationale:** The MTUS recommends acupuncture as an option when pain medication is reduced or not tolerated, and it may be used 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. Time to produce functional improvement is 3-6 treatments. 1-3 times a week for 1-2 months.

ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks. With evidence of objective functional improvement, total of up to 8-12 visits over 4-6 weeks (Note: The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy.) , However acupuncture of the wrist is not supported by the guidelines. A review of the injured workers medical records did not reveal if this was an initial request of continuation and there was no documentation of pain or functional improvement with the use of acupuncture therefore based on the guidelines the request for Acupuncture 1 time a week for 6 weeks for the left wrist is not medically necessary.

**MRI of the left wrist:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 268-269.

**Decision rationale:** Per the MTUS/ ACOEM, most patients with wrist complaints do not need imaging until after 4-6 weeks of conservative care or the emergence of a red flag, with certain exceptions as listed in ACOEM. However, a review of the injured workers medical records that are available did not yield a clear rationale for this request and there was no documentation of the emergence of a red flag. Therefore, the request for MRI of the left wrist is not medically necessary.

**TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-121.

**Decision rationale:** Per the MTUS, transcutaneous electrotherapy is "not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The MTUS criteria for the use of TENS: Chronic intractable pain, documentation of pain of at least three months duration, evidence that other appropriate pain modalities have been tried (including medication) and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function; rental would be preferred over purchase during this trial. Other ongoing pain treatment should also be documented during the trial period including medication usage. A treatment plan including the specific short- and long-term goals of treatment with the TENS unit should be submitted. A 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. A review of the injured workers medical

records did not reveal a one-month trial with the appropriate documentation as recommended by the MTUS and without this information, medical necessity is not established.

**Motorized cold therapy unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 264.

**Decision rationale:** Per ACOEM in the MTUS, physical therapeutic interventions recommended include at-home local applications of cold in first few days of acute complaint, thereafter applications of heat or cold. This does not require the use of any special equipment other than what is readily available over the counter. Therefore, the request for motorized cold therapy unit is not medically necessary.

**EMG/NCV for bilateral upper extremities:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177-179. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic)/ Electrodiagnostic studies, Nerve conduction studies.

**Decision rationale:** Per ACOEM in the MTUS, most patients presenting with true neck and upper back problems do not need special studies until a 3-4 week period of conservative care fails to improve symptoms, most patients improve quickly once red-flag conditions are ruled out. Criteria for ordering imaging studies are emergence of a red flag, physiologic evidence of tissue insult or neurologic dysfunction, failure to progress in a strengthening program intended to avoid surgery and clarification of the anatomy prior to an invasive procedure. Physiologic evidence may be in the form of definitive neurologic findings on physical examination, electrodiagnostic studies, laboratory tests or bone scans. Unequivocal findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging studies if symptoms persist. When the neurological examination is less clear, however further physiologic evidence of nerve dysfunction can be obtained before ordering an imaging study. EMG and NCV may help identify subtle focal neurologic dysfunction in patients with neck and or arm symptoms lasting more than 3-4 weeks. Per the ODG, NCS are not recommended to demonstrate radiculopathy if radiculopathy has already been clearly identified by EMG and obvious clinical signs, but recommended if the EMG is not clearly radiculopathy or clearly negative, or to differentiate radiculopathy from other neuropathies or non-neuropathic processes if other diagnoses may be likely based on the clinical exam. There is minimal justification for performing nerve conduction studies when a patient is already presumed to have symptoms on the basis of radiculopathy. While cervical electrodiagnostic studies are not necessary to

demonstrate a cervical radiculopathy, they have been suggested to confirm a brachial plexus abnormality, diabetic neuropathy, or some problem other than a cervical radiculopathy, with caution that these studies can result in unnecessary over treatment. Unfortunately, a review of the injured workers medical records that are available to me did not reveal a clear indication for the request therefore the request for EMG/NCV for bilateral upper extremities is not medically necessary.

**Functional capacity evaluation:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 4-5. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty / Functional capacity evaluation (FCE).

**Decision rationale:** The MTUS states that to determine fitness for duty, it is often necessary to "medically" gauge the capacity of the individual compared with the objective physical requirements of the job based on the safety and performance needs of the employer and expressed as essential functions. Per the ODG, Guidelines for performing an FCE: Recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. If a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. 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. A review of the injured workers medical records that are available to me do not describe a purpose or goal for the evaluation and without this it is difficult to establish medical necessity based on the guidelines. Therefore, the request is not medically necessary.

**Ortho shockwave:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow (acute and chronic) /Extracorporeal shock wave therapy (ESWT).

**Decision rationale:** Per MTUS / ACOEM, there is a strong recommendation against using extracorporeal shock wave therapy. Quality studies that are available on extracorporeal shock wave therapy in acute, subacute and chronic lateral epicondylagia have not shown any benefits. It is moderately costly and has some short-term side effects. Per the ODG, if the decision is made to use this treatment despite the lack of convincing evidence then no more than 3 sessions are recommended over a 3-week period. A review of the injured workers medical records do not reveal anything that would warrant deviating from the guidelines, therefore the request for ortho shockwave is not medically necessary.

**Urinalysis test:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) / Urine Drug testing.

**Decision rationale:** Per the MTUS, Drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs before a therapeutic trial of opioids, during ongoing management and to avoid misuse/ addiction. Per the ODG, frequency of urine drug testing should be based on documented evidence of risk stratification including use of a testing instrument. A review of the injured workers medical records did not reveal documentation of risk stratification and without this information medical necessity for Urine Drug Test is not established.

**Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and therefore the request for Capsaicin 0.025%, Flurbiprofen 15%, Tramadol 15%, Menthol 2%, Camphor 2% 240 gm is not medically necessary.

**Diclofenac 25%, Tramadol 15% 240 gm:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

**Decision rationale:** Per the MTUS, topical analgesics are recommended as an option, they are largely experimental in use with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded as monotherapy or in combination for pain control, any compounded product that contains at least one drug or drug class that is not recommended is not recommended. A review of the injured workers medical records that are available to me does not show a trial of recommended first line agents that have failed and therefore the request for Diclofenac 25%, Tramadol 15% 240 gm is not medically necessary.