MAXIMUS Federal Services

Case Number:	CM15-0077119		
Date Assigned:	04/28/2015	Date of Injury:	11/07/2014
Decision Date:	07/07/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/22/2015

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: Montana
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 52 year old female injured worker suffered an industrial injury on 11/07/2014. The diagnoses included headaches, cervical discogenic disease, thoracic sprain/strain, right shoulder sprain/strain and bilateral hand/wrist sprain/strain. The injured worker had been treated with physical therapy and medications. On 4/9/2015 the treating provider reported pain in the cervical spine 7/10, thoracic pain 4/10 and bilateral shoulder, bilateral elbow, and bilateral wrist and hands pain 5/10. On exam there was tenderness of the cervical/thoracic spine and shoulders. The treatment plan included Physical therapy to shoulders and neck, Chiropractic treatment to shoulders and neck, urine drug screen, Shockwave therapy, and Localized intense neurostimulation therapy (LINT).

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy to shoulders and neck x 12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and upper back, Physical therapy.

Decision rationale: The MTUS states that passive therapy can provide short-term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapies based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. The use of active treatment modalities versus passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low, back pain treated by physical therapists, those adhering to guidelines for active greater than passive treatments incurred fewer treatment visits, less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks, Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks, Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. The ODG guidelines for neck and upper back and low back note that physical therapy is recommended for 10-12 visits over 8 weeks. ODG guidelines for the shoulder recommend 10 visits over 8 weeks for rotator cuff syndrome/impingement and shoulder strain. The utilization review dated 4/21/15 did not certify the request for physical therapy for the neck and shoulders for 12 additional visits. The MTUS notes that passive therapies can provide short-term relief during the early phases of treatment. In this case the neck and shoulder conditions are chronic in nature. Although active therapy may require some supervision from a therapist, patients are expected to continue therapy at home. It is unclear whether she is continuing an active home exercise program. The medical records document at least 20 previous physical therapy visits for the cervical spine. The treatment note of 12/30/14 states that there was no further improvement with physical therapy. The request for 12 additional visits exceeds both the physical medicine and ODG recommended number of visits and there is no evidence for efficacy for the previous treatments. The request for physical therapy for the neck and shoulders #12 is not medically necessary.

Chiropractic treatment to shoulders and neck x 12: 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 Manual therapy and manipulation Page(s): 58-59.

Decision rationale: The MTUS notes that manual therapy & manipulation are recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion. Treatment beyond 4-6 visits should be documented with objective improvement in function. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of within the first 6 visits. In this case, there was a recommendation for chiropractic treatment noted in the 12/30/14 note. It is unclear whether some chiropractic treatment was performed. Regardless, chiropractic treatment beyond an initial 6 visits should be based on documented subjective or objective improvement. The request for chiropractic treatment for the neck and shoulders #12 is not medically necessary.

In-office urine drug screen: 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 rationale: The MTUS notes that drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. For more information, see Opioids, criteria for use: (2) Steps to Take before a Therapeutic Trial of Opioids & (4) On-Going Management; Opioids, differentiation: dependence & addiction; Opioids, screening for risk of addiction (tests); & Opioids, steps to avoid misuse/addiction. In this case the injured worker is not taking opioid or mood altering drugs. There is no evidence or suspicion of drug addiction or illicit drug use documented. The request for in-office urine drug screen is not medically necessary.

Shockwave therapy: Upheld

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

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

Decision rationale: The MTUS notes that there is some medium quality evidence supporting manual physical therapy, ultrasound, and high-energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. The ODG guidelines note that shock wave therapy is recommended for calcifying tendinitis but not for other shoulder disorders. Calcifying tendonitis: For patients with calcifying tendinitis of the shoulder with inhomogenous deposits, quality evidence has found extracorporeal shock wave therapy (ESWT) equivalent to or better than surgery, and it may be given priority because of its noninvasiveness. (Rompe, 2001) (Haake,

2002) (Haake, 2001) (Pan, 2003) (Wang, 2003) (Cosentino, 2003) (Lowe, 1999) (Pleiner, 2004) (Moretti, 2005) In treating calcifying tendonitis, both high-energy and low-energy ESWT provide a beneficial effect on shoulder function, as well as on self-rated pain and diminished size of calcifications, but high-energy ESWT appears to be superior to low-energy ESWT. (Gerdesmeyer-JAMA, 2003) (Perlick, 2003) While the findings indicate there may be a treatment effect from ESWT for tendinitis of the shoulder, the protocols need to be confirmed in high-quality randomized clinical trials. (BlueCross BlueShield, 2004) (Trebinjac, 2005) Three-dimensional, computer-assisted navigation reveals significantly better results and is therefore recommended when extracorporeal shock wave therapy is used in the treatment of calcific tendinitis of the rotator cuff. (Sabeti-Aschraf, 2005) Extracorporeal shock wave therapy (ESWT) has been suggested to be an effective treatment option for treating calcific tendinitis of the shoulder before surgery, but after conservative treatments, including physical therapy, iontophoresis, deep friction, local or systemic application of non-inflammatory drugs, needle irrigation-aspiration of calcium deposit, and subacromial bursal steroid injection. (Mouzopoulos, 2007) High-energy ESWT decreases pain and improves function in patients with chronic calcific shoulder tendinitis and may be a good alternative to conventional therapies, according to this systematic review. In patients with calcific tendinitis, high-energy ESWT appeared to help alleviate shoulder pain, improve function, and resolve calcifications, but low-energy ESWT improved only function. With non-calcific tendinitis, the results were quite different, ESWT was ineffective for pain, and that was true regardless of the energy level. (Bannuru, 2014) Other shoulder disorders: There is no evidence of benefit in non-calcific tendonitis of the rotator cuff, or other shoulder disorders, including frozen shoulder or breaking up adhesions. (Speed, 2002) (Blue Cross Blue Shield, 2003) For nonspecific chronic shoulder pain, supervised exercises are more effective than shockwave treatment. In this case, there is no diagnosis of calcifying tendinitis. The request for shock wave therapy is not medically necessary.

Localized intense neurostimulation therapy (LINT): 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), Hypersensitivity analgesia.

Decision rationale: The MTUS does not address high-intensity neurostimulation (LINT) devices. The ODG guidelines note that hyperstimulation analgesia is not recommended until there are higher quality studies. Initial results are promising, but only from two low quality studies sponsored by the manufacturer ([redacted]). Localized manual high-intensity neurostimulation (LINT) devices are applied to small surface areas to stimulate peripheral nerve endings (A fibers), thus causing the release of endogenous endorphins. This procedure, usually described as hyperstimulation analgesia, has been investigated in several controlled studies. However, such treatments are time consuming and cumbersome, and require previous knowledge of the localization of peripheral nerve endings responsible for LBP or manual impedance mapping of the back, and these limitations prevent their extensive utilization. The request for localized intense neurostimulation therapy (LINT) is not supported by the MTUS or ODG guidelines and is not medically necessary.