

Case Number:	CM15-0095890		
Date Assigned:	05/22/2015	Date of Injury:	06/24/2014
Decision Date:	07/03/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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: Emergency 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 41 year old male who sustained an industrial injury on 6/24/14. Diagnoses include bilateral shoulder strain/sprain, bilateral shoulder tendinitis, bilateral shoulder impingement syndrome, bilateral elbow strain/sprain, bilateral knee strain/sprain, and rule out bilateral knee meniscus tear. In a physical therapy progress note dated 4/27/15, the injured worker reports left shoulder pain at a level of 3 out of 10 and on 4/29/15 reported left knee pain at a level of 3 out of 10 with pain that increases if walking too long. A treating physician progress note dated 4/7/15 reports the subjective complaints of pain in his right shoulder and right elbow is rated 3 out of 10 which has increased from 2 out of 10 on the last visit; 4 out of 10 in the left shoulder and left elbow which has increased from 3 out of 10 on the last visit; 1 out of 10 in the right knee, which has decreased from 3 out of 10 on the last visit; and 4 out of 10 in the left knee which has decreased from 4 to 5 out of 10 on the last visit. The same note documents grade 2 tenderness to palpation of the shoulders bilaterally with positive impingement and supraspinatus tests. There is grade 2-3 tenderness to palpation of the elbows bilaterally. Both knees are tender to palpation and McMurray's test is positive. The notes document that the injured worker states that physical therapy helps to decrease his pain and tenderness and has improved his function and activities of daily living. Treatment has included extracorporeal shockwave therapy, Ibuprofen and at least 12 physical therapy treatments since 12/23/14. Current work status is that he remains on temporary total disability to 5/19/15. Treatment requested is continued physical therapy for evaluation and treatment of the bilateral shoulders, bilateral elbows, and bilateral knees, 2 times a week for 6 weeks, extracorporeal shockwave

therapy of the left knee, once per week for 4 weeks, and Amitriptyline 10%/Gabapentin 10%/Bupivacaine 5% in a cream base 210 grams and Flurbiprofen 20%/Baclofen 5%/Camphor 2%/Dexamethasone 2%/Menthol 2%/Capsaicin 0.025% in cream base 210 grams to apply a thin layer 2-3 times per day as needed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Continued Therapeutic Procedures, once to twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff.

Decision rationale: The requested Continued Therapeutic Procedures, once to twice a week for six weeks, is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Shoulder Complaints, Summary of Recommendations and Evidence, page 212; and Official Disability Guidelines (ODG), Shoulder, Physical therapy, Sprained Shoulder; rotator cuff; recommend up to 10 physical therapy sessions for this condition and continued therapy with documented objective evidence of derived functional improvement. The injured worker has left shoulder pain at a level of 3 out of 10 and on 4/29/15 reported left knee pain at a level of 3 out of 10 with pain that increases if walking too long. A treating physician progress note dated 4/7/15 reports the subjective complaints of pain in his right shoulder and right elbow is rated 3 out of 10 which has increased from 2 out of 10 on the last visit; 4 out of 10 in the left shoulder and left elbow which has increased from 3 out of 10 on the last visit; 1 out of 10 in the right knee, which has decreased from 3 out of 10 on the last visit; and 4 out of 10 in the left knee which has decreased from 4 to 5 out of 10 on the last visit. The same note documents grade 2 tenderness to palpation of the shoulders bilaterally with positive impingement and supraspinatus tests. There is grade 2-3 tenderness to palpation of the elbows bilaterally. Both knees are tender to palpation and McMurray's test is positive. The treating physician did not document objective evidence of derived functional improvement from completed physical therapy sessions. Finally, the completed therapy sessions should have afforded sufficient time for instruction and supervision of a transition to a dynamic home exercise program. The criteria noted above not having been met, Continued Therapeutic Procedures, once to twice a week for six weeks is not medically necessary.

Extracorporeal Shock Wave treatment once a week for four weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Extra Corporeal Shock Wave Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints
Page(s): 203.

Decision rationale: The requested Extracorporeal Shock Wave treatment once a week for four weeks is not medically necessary. American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chapter 9, Shoulder Complaints, Initial Care, Page 203, note, "Some medium quality evidence supports manual physical therapy, ultrasound and high-energy extracorporeal shock wave therapy for calcifying tendonitis of the shoulder. At least three conservative treatments have been performed prior to use of ESWT. These would include: (a) Rest; (b) Ice; (c) NSAIDs; (d) Orthotics; (e) Physical Therapy; (e) Injections (Cortisone). Maximum of 3 therapy sessions over 3 weeks." The injured worker has left shoulder pain at a level of 3 out of 10 and on 4/29/15 reported left knee pain at a level of 3 out of 10 with pain that increases if walking too long. A treating physician progress note dated 4/7/15 reports the subjective complaints of pain in his right shoulder and right elbow is rated 3 out of 10 which has increased from 2 out of 10 on the last visit; 4 out of 10 in the left shoulder and left elbow which has increased from 3 out of 10 on the last visit; 1 out of 10 in the right knee, which has decreased from 3 out of 10 on the last visit; and 4 out of 10 in the left knee which has decreased from 4 to 5 out of 10 on the last visit. The same note documents grade 2 tenderness to palpation of the shoulders bilaterally with positive impingement and supraspinatus tests. There is grade 2-3 tenderness to palpation of the elbows bilaterally. Both knees are tender to palpation and McMurray's test is positive. The treating physician did not document objective evidence of derived functional improvement from completed shockwave sessions. The treating physician has not documented diagnostic or exam evidence of calcific tendonitis nor noted this as a diagnostic impression, nor results of cortisone injections. The criteria noted above not having been met, Extracorporeal Shock Wave treatment once a week for four weeks is not medically necessary.

Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, 210gm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

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

Decision rationale: The requested Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, 210gm is not medically necessary. CA MTUS 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anticonvulsants." The injured worker has left shoulder pain at a level of 3 out of 10 and on 4/29/15 reported left knee pain at a level of 3 out of 10 with pain that increases if walking too long. A treating physician progress note dated 4/7/15 reports the subjective complaints of pain in his right shoulder and right elbow is rated 3 out of 10 which has increased from 2 out of 10 on the last visit; 4 out of 10 in the left shoulder and left elbow which has increased from 3 out of 10 on the last visit; 1 out of 10 in the right knee, which has decreased from 3 out of 10 on the last visit; and 4 out of 10 in the left knee which has decreased from 4 to 5 out of 10 on the last visit. The same note documents grade 2 tenderness to palpation of the shoulders bilaterally with positive impingement and supraspinatus tests. There is grade 2-3 tenderness to palpation of the elbows bilaterally. Both knees are tender

to palpation and McMurray's test is positive. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Gabapentin 10%, Amitriptyline 10%, Bupivacaine 5%, 210gm is not medically necessary.

Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Non Steroidal Anti Inflammatory Drugs.

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

Decision rationale: The requested Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin is not medically necessary. CA MTUS 2009, Chronic pain, page 111-113, Topical Analgesics, do not recommend topical analgesic creams as they are considered "highly experimental without proven efficacy and only recommended for the treatment of neuropathic pain after failed first-line therapy of antidepressants and anti-convulsants." The injured worker has left shoulder pain at a level of 3 out of 10 and on 4/29/15 reported left knee pain at a level of 3 out of 10 with pain that increases if walking too long. A treating physician progress note dated 4/7/15 reports the subjective complaints of pain in his right shoulder and right elbow is rated 3 out of 10 which has increased from 2 out of 10 on the last visit; 4 out of 10 in the left shoulder and left elbow which has increased from 3 out of 10 on the last visit; 1 out of 10 in the right knee, which has decreased from 3 out of 10 on the last visit; and 4 out of 10 in the left knee which has decreased from 4 to 5 out of 10 on the last visit. The same note documents grade 2 tenderness to palpation of the shoulders bilaterally with positive impingement and supraspinatus tests. There is grade 2-3 tenderness to palpation of the elbows bilaterally. Both knees are tender to palpation and McMurray's test is positive. The treating physician has not documented trials of anti-depressants or anti-convulsants. The treating physician has not documented intolerance to similar medications taken on an oral basis, nor objective evidence of functional improvement from any previous use. The criteria noted above not having been met, Flurbiprofen 20%, Baclofen 5%, Camphor 2%, Dexamethasone 2%, Menthol 2%, Capsaicin is not medically necessary.