

<b>Case Number:</b>	CM15-0097888		
<b>Date Assigned:</b>	06/23/2015	<b>Date of Injury:</b>	08/26/2013
<b>Decision Date:</b>	09/18/2015	<b>UR Denial Date:</b>	04/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/20/2015

### 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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

### 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 57-year-old male, who sustained an industrial injury on 8/26/13. The injured worker has complaints of neck, mid/upper back, lower back, bilateral shoulders/arms, bilateral elbow/forearms, right knee and right foot pain. The injured worker has pain and numbness in the bilateral wrists/hands. The documentation dated noted that the cervical spine and thoracic spine has grade 2-3 tenderness to palpation over the paraspinal muscles. The bilateral shoulders have grade 2 tenderness to palpation over the right shoulder and has decreased from grade 2-3. The lumbar spine has a grade 2 tenderness to palpation over the paraspinal muscles, which has decreased from grade 2-3. The bilateral arms have a grade 2 tenderness to palpation over the right arm, which has decreased from grade 2-3 and the bilateral elbow, forearms, bilateral wrists and bilateral hands have a grade 2-3 tenderness to palpation on the last visit. The diagnoses have included sprain of neck. Treatment to date has included extracorporeal shock-wave therapy; injections and therapy. The request was for retrospective request for 8 physical therapy sessions completed between 12/4/2013 and 1/8/2014; retrospective request for an magnetic resonance imaging (MRI) of the left shoulder and right knee; retrospective request for extracorporeal shock-wave therapy completed on 12/6/13, 12/13/13, 12/20/13 and 1/10/14 and retrospective request for urine toxicology performed on 12/12/13.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for 8 physical therapy sessions completed between 12/4/2013 and 1/8/2014: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 196-219, 287-315, Chronic Pain Treatment Guidelines Physical Therapy, Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical therapy, Low Back - Lumbar & Thoracic (Acute & Chronic), Physical Therapy.

**Decision rationale:** California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. ODG quantifies its recommendations with 10 visits over 8 weeks for lumbar sprains/strains and 9 visits over 8 weeks for unspecified backache/lumbago. ODG further states that a "six-visit clinical trial" of physical therapy with documented objective and subjective improvements should occur initially before additional sessions are to be warranted. Medical records indicate that the member has completed sessions of physical therapy (18 of 24) which is in excess of the guidelines. There is no documentation of significant improvement and no evidence of ongoing home exercise program. As such, the request for Retrospective request for 8 physical therapy sessions completed between 12/4/13 and 1/8/14 is not medically necessary.

**Retrospective request for an MRI of the left shoulder: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-209. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute and Chronic): Magnetic resonance imaging (MRI).

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209, 213. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Magnetic resonance imaging (MRI).

**Decision rationale:** ACOEM states "Primary criteria for ordering imaging studies are: Emergence of a red flag (e.g., indications of intra-abdominal or cardiac problems presenting as shoulder problems). Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon). Failure to progress in a strengthening program intended to avoid surgery. Clarification of the anatomy prior to an invasive procedure (e.g., a full thickness rotator cuff tear not responding to conservative treatment)." ODG states "Indications for imaging Magnetic resonance imaging (MRI): Acute shoulder trauma, suspect rotator cuff tear/impingement; over age 40; normal plain radiographs. Subacute shoulder pain, suspect instability/labral tear- Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. (Mays, 2008)" The treating physician documented a trial of conservative treatment in a patient older than 40 and his physical exam noted a positive impingement sign on the left shoulder. There is no documentation of plain radiographs were

obtained, however, the MRI revealed possible anterior labral tear. As such, the request for Retrospective request for an MRI of the left shoulder is medically necessary.

**Retrospective request for an MRI of the right knee: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 343 and 347. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Knee (Acute and Chronic): MRI.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341-343. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, MRI's (magnetic resonance imaging).

**Decision rationale:** ACOEM notes "Special studies are not needed to evaluate most knee complaints until after a period of conservative care and observation" and "Reliance only on imaging studies to evaluate the source of knee symptoms may carry a significant risk of diagnostic confusion (false-positive test results) because of the possibility of identifying a problem that was present before symptoms began, and therefore has no temporal association with the current symptoms." The treating physician does not detail the failure of conservative treatment or the treatment plan for the patient's knee. Medical notes do not indicate that the patient is performing a home exercise program. ODG further details indications for MRI: Acute trauma to the knee, including significant trauma (e.g, motor vehicle accident), or if suspect posterior knee dislocation or ligament or cartilage disruption. Non-traumatic knee pain, child or adolescent: non-patellofemoral symptoms. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion) next study if clinically indicated. If additional study is needed. Non-traumatic knee pain, child or adult. Patellofemoral (anterior) symptoms. Initial anteroposterior, lateral, and axial radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional imaging is necessary, and if internal derangement is suspected. Non-traumatic knee pain, adult. Nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs nondiagnostic (demonstrate normal findings or a joint effusion). If additional studies are indicated, and if internal derangement is suspected. Nontraumatic knee pain, adult - nontrauma, nontumor, nonlocalized pain. Initial anteroposterior and lateral radiographs demonstrate evidence of internal derangement (e.g., Peligrini Stieda disease, joint compartment widening). Repeat MRIs: Post-surgical if need to assess knee cartilage repair tissue. (Ramappa, 2007) Routine use of MRI for follow-up of asymptomatic patients following knee arthroplasty is not recommended. (Weissman, 2011) The medical records fail to demonstrate any of the above indications. Also, there is no documentation that plain radiographs were done prior to the MRI. As such, the request for Retrospective request for MRI of the right knee is not medically necessary.

**Retrospective request for ECSWT (Extracorporeal Shock Wave Therapy) completed on 12/6/13, 12/13/13, 12/20/13, 1/10/14: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 29.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder and Knee, ESWT and Other Medical Treatment Guidelines pub med search ESWT and wrist.

**Decision rationale:** MTUS does not specifically refer to Electric Shockwave therapy. The ODG guidelines were consulted for ESWT treatment of the shoulder and only recommended Shoulder ESWT when: 1) Patients whose pain from calcifying tendinitis of the shoulder has remained despite six months of standard treatment. 2) 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) Medical records does not detail failure of 3 conservative therapies. ODG does not specify shock wave therapy for wrist and cervical neck, but does detail therapy of lumbar spine, "Not recommended. The available evidence does not support the effectiveness of ultrasound or shock wave for treating LBP. In the absence of such evidence, the clinical use of these forms of treatment is not justified and should be discouraged."

**Retrospective request for urine toxicology performed on 12/12/13:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids Page(s): 43, 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). " would indicate need for urine drug screening. ODG further clarifies frequency of urine drug screening: "low risk" of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. "moderate risk" for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. "high risk" of adverse outcomes may require testing as often as once per month. There is insufficient documentation provided to suggest issues of abuse, misuse, or addiction. The patient is classified as low risk. As such, the current request for Retrospective request for urine toxicology performed on 12/12/13 is not medically necessary.