

<b>Case Number:</b>	CM13-0022553		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	09/05/2012
<b>Decision Date:</b>	07/30/2014	<b>UR Denial Date:</b>	08/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### 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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 44 year old female who reported an injury on 09/05/2012 from the injured worker's arm being pulled by a student during a restraint. The injured worker has a history of lumbar spine pain, right shoulder pain and neck pain. The examination on 02/12/2014 revealed the injured worker had pain in the right leg and buttock that went down to her knee. X-rays were done (pending results). The injured worker complained of right shoulder pain that ranged from a 3-4/10 to 6-7/10 that was present off and on. Range of motion of the shoulder was restricted especially overhead. The shoulder pain radiated down to the elbow. There was occasional numbness and tingling down to the hand and 3 small fingers. The injured worker also experienced neck pain with occasional migraine headaches. The cervical spine exam revealed range of motion flexion at 45 degrees, extension at 65 degrees with cervical spine pain on the right, right rotation at 90 degrees, left rotation at 90 degrees, right lateral bending at 30 degrees, and left lateral bending at 30 degrees. Testing of the cubital tunnel on right is +1. Sensory exam on the right revealed a C7 deficit. The injured worker has a diagnosis of cervical strain and sprain with non-verifiable radicular complaints of the right upper extremity and possible radiculopathy and internal derangement of the right shoulder. Prior treatments included 20 sessions of physical therapy and TENS unit. Medications were not mentioned in the documentation. The treatment request is for additional physical therapy 2 times 3 and TENS unit. The Request for Authorization is dated 03/22/2013. The rationale was not submitted within the documentation provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

### **ADDITIONAL PHYSICAL THERAPY 2X3:** Upheld

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

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

**Decision rationale:** The MTUS Chronic Pain Guidelines state recommended physical therapy for chronic pain if caused by musculoskeletal conditions. The intended goal 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. The injured worker had received 20 sessions of physical therapy. The MTUS Chronic Pain Guidelines support 8-10 sessions of physical therapy for the injured worker's diagnoses. The documentation provided failed to reveal objective functional improvement from prior therapy sessions to support additional therapy. The request as submitted failed to indicate which area of the body the therapy was being requested to address. The request exceeds guideline recommendations. As such, the request is not medically necessary and appropriate.

### **TENS UNIT:** Upheld

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

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

**Decision rationale:** The injured worker has a history of shoulder, back and arm pain. The injured worker has had a prior 1 month trial use of a TENS unit. The MTUS Chronic Pain Guidelines do not recommend TENS 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 criteria for the use of TENS unit beyond a rental include documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. There should also be documentation 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 and 2-lead unit is generally recommended; if a 4-lead unit is recommended, there must be documentation of why this is necessary. The documentation provided did not indicate the injured worker had functional improvement as a result of the TENS use, and did not indicate the amount of pain relief experienced or that it was being done as an adjunct. As such, the request is not medically necessary and appropriate.