

Case Number:	CM13-0040420		
Date Assigned:	04/18/2014	Date of Injury:	12/22/2012
Decision Date:	08/06/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/29/2013

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 Pain Medicine and is licensed to practice in Texas. 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 37 year old male whose date of injury is 12/22/2012. On this date the injured worker exited a truck, started walking and felt a pop in the right calf muscle. The injured worker completed at least 19 sessions of physical therapy. A report dated 02/18/14 indicates that the injured worker complains of ongoing right shoulder pain secondary to a previous industrial injury in 2010. A note dated 03/24/14 indicates full range of motion of the right soleus. Diagnosis is right shoulder sprain/strain with impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY 2X4 FOR RIGHT CALF: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The injured worker has undergone a prior course of physical therapy and should be well-versed in a home exercise program. California Medical Treatment Utilization Schedule guidelines would support 1-2 visits every 4-6 months for recurrence/flare-up and note that elective/maintenance care is not medically necessary. There is no current, detailed physical

examination of the right lower extremity submitted for review and no specific, time-limited treatment goals are provided. Based on the guidelines and clinical information provided, the request for physical therapy 2 x 4 for right calf is not medically necessary.

TENS UNIT: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-117.

Decision rationale: Based on the clinical information provided, the request for transcutaneous electrical nerve stimulation (TENS) unit is not recommended as medically necessary. The submitted records fail to establish that the injured worker has undergone a successful trial of TENS as required by California Medical Treatment Utilization Schedule (CAMTUS) guidelines to establish efficacy of treatment. There are no specific, time-limited treatment goals provided as required by CA MTUS guidelines. Therefore, medical necessity is not established at this time.