

Case Number:	CM13-0044970		
Date Assigned:	12/27/2013	Date of Injury:	03/18/2011
Decision Date:	02/25/2014	UR Denial Date:	10/03/2013
Priority:	Standard	Application Received:	10/30/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery 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 physician 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 patient is a 54-year-old female who was injured in a work related accident on 03/18/11. Recent clinical records for review included an orthopedic consultation on 09/19/13 by [REDACTED] noting right arm, hand, wrist, and shoulder pain from cumulative trauma sustained at work on 03/18/11. The claimant's clinical complaints were right shoulder pain, persistent in nature, worse with overhead activity as well as right arm pain dull in nature, and worse with activity. There were also complaints of hand, wrist, and elbow pain and weakness with "dropping of items." Physical examination findings on that date showed full range of motion about the shoulder with tenderness over the right trapezius. There was 5/5 muscle strength with positive right lateral epicondylar and extensor wad testing with positive Phalen's, Tinel's and carpal compression test on the right. Diagnosis was acute lateral epicondylitis and right carpal tunnel syndrome. Treatment plan was for continuation of physical therapy, a TENS unit noting the claimant wished to avoid corticosteroid injections. There was documentation of prior physical therapy having been utilized in this case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks, for the right arm.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Physical Therapy.

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

Decision rationale: Based on California MTUS Chronic Pain 2009 Guidelines, physical therapy for eight sessions for the right arm would not be indicated. The clinical records indicate that the claimant has undergone a recent course of formal physical therapy. Chronic Pain Guidelines for physical therapy in the chronic setting support only 9 to 10 sessions on a limited basis for active inflammatory flare. Given the nature of physical therapy recently utilized, the continued use of this modality at this chronic stage in the claimant's clinical course of care nearly three years from injury would not be supported.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation WORK LOSS DATA INSTITUTE On-line Official Disability Guidelines-Treatment in Workers comp.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Procedure, Transcutaneous electrical neurostimulation (TENS).

Decision rationale: California ACOEM Guidelines are silent. When looking at Official Disability Guidelines criteria, a TENS unit would not be indicated. ODG Guideline criteria in regard to the TENS unit for the elbow and upper extremity specifically states that it is not recommended as there is no scientifically proven evidence to support treatment of the acute hand, wrist, and forearm symptoms. Based on lack of sufficient evidence to support its use, the role of this device in this claimant's current course of care would not be recommended.