

Case Number:	CM13-0048125		
Date Assigned:	12/27/2013	Date of Injury:	01/11/2013
Decision Date:	05/22/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	11/04/2013

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 & Rehabilitation 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 28-year-old male who reported an injury on 01/11/2013. The mechanism of injury was not stated. The current diagnoses include thoracic sprain/strain, chest contusion, left lung status post atelectasis, status post traumatic chest pain and shortness of breath, rule out pneumothorax, left shoulder sprain/strain with underlying rotator cuff tendinosis, tenosynovitis with effusion of the left shoulder, emotional stress, depression, anxiety, and insomnia. The injured worker was evaluated on 11/22/2013. The injured worker reported persistent chest pain and shortness of breath with sleep disorder. The injured worker has utilized an interferential unit, and has also received 24 sessions of physical therapy, 6 sessions of chiropractic treatment, and 11 sessions of acupuncture. Physical examination on that date revealed tenderness over the left anterior chest wall, tenderness over the paradorsal musculature and tenderness in the anterior shoulder joint with positive Hawkins testing. Treatment recommendations included continuation of chiropractic therapy, continuation of aquatic therapy 3 times per week for 4 weeks and continuation of interferential stimulation.

IMR ISSUES, DECISIONS AND RATIONALES

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

AQUATIC THERAPY 3 TIMES PER WEEK FOR 4 WEEKS (3X4), FOR THORACIC SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 53.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 98-99.

Decision rationale: The MTUS Chronic Pain Guidelines state that aquatic therapy is recommended as an optional form of exercise therapy, where available, as an alternative to landbased physical therapy. As per the documentation submitted, the injured worker has completed a course of aquatic therapy. However, there is no documentation of significant improvement. There is also no indication that this injured worker requires reduced weightbearing as opposed to landbased physical therapy. Furthermore, the MTUS Chronic Pain Guidelines state physical medicine treatment for myalgia and myositis unspecified includes 9 to 10 visits over 8 weeks. The current request for an additional 12 sessions of aquatic therapy exceeds the MTUS Chronic Pain Guidelines' recommendations. Therefore, the request is not medically necessary and appropriate.

INTERFERENTIAL(IF) UNIT PURCHASE FOR LEFT SHOULDER AND BACK:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 149.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 117-121.

Decision rationale: The MTUS Chronic Pain Guidelines state interferential current stimulation is not recommended as an isolated intervention. There should be documentation that pain is ineffectively controlled Final Determination Letter for IMR Case Number CM13-0048125 4 due to diminished effectiveness of medications or side effects, a history of substance abuse, or significant pain from postoperative conditions. The injured worker does not meet any of the above mentioned criteria as outlined by the MTUS Chronic Pain Guidelines. Furthermore, the injured worker was issued an interferential unit in 08/2013. The medical necessity for an additional unit has not been established. As such, the request is not medically necessary and appropriate.