

Case Number:	CM13-0055890		
Date Assigned:	12/30/2013	Date of Injury:	04/14/2012
Decision Date:	05/09/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	11/21/2013

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, has a subspecialty in Interventional Spine 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 patient is a 69 female with date of injury of 04/14/2012. The listed diagnoses per [REDACTED] dated 09/03/2013 are: 1. Myofascial pain syndrome 2. Cervical sprain/strain Final Determination Letter for IMR Case Number [REDACTED] 3. Bilateral carpal tunnel syndrome 4. Cervical radiculopathy 5. Right thumb pain The handwritten progress report was barely legible. The patient had right shoulder injection on 08/16/2013 with some benefit, but she still reports pain on the shoulder. The patient also reports some numbness in the bilateral hands. The physical exam shows a positive right shoulder impingement sign. In addition, Spurling's sign is positive on the right. Lastly, there is decreased range of motion on the right shoulder. The treater is requesting 8 physical therapy sessions for the cervical spine, right shoulder, and right thumb and the purchase of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR FOUR (4) WEEKS FOR THE CERVICAL SPINE, RIGHT SHOULDER AND RIGHT THUMB: Upheld

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

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

Decision rationale: This patient presents with neck, right shoulder, right thumb and back pain. The treater is requesting 8 additional physical therapy sessions for the cervical spine, right shoulder and right thumb. The physical therapy report dated 10/16/2013 shows that the patient has received 8 sessions recently and has been "tolerating treatment well." The MTUS guidelines page 98 and 99 for physical medicine recommends 8-10 visits for myalgia, myositis, and neuralgia-type symptoms. In this case, the requested 8 additional visits when combined with the previous 8, would exceed MTUS recommendations. The treater does not provide any specific rationale as to why additional therapy is required and why the patient is unable to transition into a home exercise program. Recommendation is for denial.

PURCHASE OF A TENS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-116.

Decision rationale: This patient presents with neck, right shoulder, right thumb and back pain. The treater is requesting a TENS unit purchase. The MTUS Guidelines page 114 to 116 on TENS unit states, "Not recommended as a primary treatment modality but a 1-month home-based TENS trial may be considered as a non-invasive conservative option if used as an adjunct to a program of evidence-based functional restoration." The utilization review dated 11/15/2013 mentions that the patient trialed a TENS unit for 30 days. However, the review Final Determination Letter for IMR Case Number [REDACTED] of 223 pages of records do not show any reports showing efficacy with the use of the TENS unit. None of the documents provided mention how often it was used, and with what outcome such as pain reduction and function. Given the lack of documented functional improvement and pain relief as it relates to the use of a TENS unit, recommendation is for denial.