MAXIMUS Federal Services

Case Number:	CM13-0067902		
Date Assigned:	01/03/2014	Date of Injury:	03/27/2013
Decision Date:	04/24/2014	UR Denial Date:	12/05/2013
Priority:	Standard	Application Received:	12/18/2013

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 patient is a 51-year-old male who reported an injury on 3/27/13. The patient was injured secondary to repetitive work activity. The patient is diagnosed as status post right shoulder surgery, status post right carpal tunnel release, cervical spine myofascitis, and lumbar spine myofascitis. The patient was seen by [redacted] on 11/12/13. The patient reported persistent pain in the cervical spine, lumbar spine, and bilateral upper extremities. Physical examination revealed an antalgic gait, limited range of motion, positive Phalen's testing, positive straight leg raising, and positive drop arm testing with motor weakness in the right upper extremity. The patient was pending x-rays at that time. Treatment recommendations included continuation of current physical therapy twice per week for four weeks and a home stimulator unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY TWICE A WEEK FOR FOUR WEEKS FOR THE CERVICAL SPINE, LUMBAR SPINE, RIGHT SHOULDER, RIGHT WRIST, AND RIGHT HAND: Upheld

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

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

Decision rationale: The California MTUS guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, and range of motion; it can also alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active self-directed home physical medicine. As per the documentation submitted, the patient has previously participated in an extensive amount of physical therapy. However, there was no documentation of objective functional improvement. The patient's latest physical examination only revealed limited range of motion of the cervical and lumbar spine and positive Phalen's testing. There was no documentation of a significant musculoskeletal or neurological deficit. The medical necessity for ongoing physical therapy has not been established. Therefore, the request for physical therapy is non-certified.

THE PURCHASE OF A TENS UNIT FOR THE CERVICAL SPINE, LUMBAR SPINE, RIGHT SHOULDER, RIGHT WRIST, AND RIGHT HAND: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines state that TENS is not recommended as a primary treatment modality, but a one-month trial may be considered as a non-invasive conservative option. As per the documentation submitted, there is no indication that this patient has attempted other appropriate pain modalities with failure to improve symptoms. There was also no documentation of a successful 1-month trial prior to the request for a purchase. Based on the clinical information received and the California MTUS Guidelines, the request for a TENS unit is non-certified.