

Case Number:	CM14-0004823		
Date Assigned:	01/24/2014	Date of Injury:	10/01/2012
Decision Date:	06/10/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 Illinois. 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 24 year old female who reported an injury on 10/01/2012 due to a slip and fall. The clinical note dated 03/26/2013 noted the injured worker had upper and lower back pain. The injured worker is recommended for ESWT, a functional capacity evaluation, physiotherapy visits, and a TENs unit. The injured worker had diagnoses including unspecified backache, lumbago-low back pain, low back syndrome, and lumbalgia. The request for authorization form for the functional capacity evaluation, ESWT, and physiotherapy was submitted on 10/30/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

ESWT: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 201-205.

Decision rationale: The request for ESWT is not medically necessary. The ACOEM note some medium quality evidence supports manual physical therapy, ultrasound, and high energy extracorporeal shock wave therapy for calcifying tendinitis of the shoulder. Initial use of less-

invasive techniques provides an opportunity for the clinician to monitor progress before referral to a specialist. There is a lack of evidence in the documentation provided that would facilitate the need for the injured worker to have ESWT. There is a lack of information in the physical exam and a lack of documentation of other treatments the injured worker underwent previously and the measurement of progress with the prior treatments. The documentation provided is unclear as to how the ESWT would provide the injured worker with functional improvement. Therefore, the request is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional Capacity Evaluation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty, Functional Capacity Evaluation.

Decision rationale: The request for a Functional Capacity Evaluation is not medically necessary. ACOEM states it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination; under some circumstances, this can best be done by ordering a functional capacity evaluation of the injured worker. The Official Disability Guidelines recommend a functional capacity evaluation may be used prior to admission to a work hardening program with preference for assessment tailored to a specific task or job. The functional capacity evaluation is not recommended as routine use; as part of occupational rehab or screening, or generic assessments in which the question is whether someone can do any type of job generally. The documentation is unclear as to how the functional capacity evaluation will aid the provider in the injured workers treatment plan and goals. There is a lack of information upon physical exam and a lack of documentation of other treatments the injured worker underwent previously and the measurement of progress with the prior treatments. The requesting physician's rationale for the request was unclear. Therefore, the request is not medically necessary.

PHYSIOTHERAPY 12 VISITS: Upheld

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

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

Decision rationale: The request for Physiotherapy is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. There is lack of evidence in the documentation provided

that would facilitate the need for the injured worker to have physiotherapy. There is a lack of information in the physical exam indicating the injured worker has significant functional deficits. There was a lack of documentation indicating the injured workers prior course of physical therapy as well as the efficacy of the prior therapy. The documentation provided is unclear as to how physiotherapy would provide the injured worker with functional restoration. Therefore, the request is not medically necessary.

TENS/ EMS UNIT: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
TRANSCUTANEOUS ELECTROTHERAPY.

Decision rationale: The request for a TENS/EMS unit is not medically necessary. The California MTUS guidelines do not recommend a TENS unit as a primary treatment modality. A one-month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. There is lack of evidence in the documentation provided that would indicate the need for the injured worker to have a TENS unit. There is a lack of documentation indicating significant deficits upon physical exam. The injured workers previous courses of conservative care were unclear. It was unclear as to how the TENS unit would provide the injured worker with functional restoration. It was unclear if the injured worker underwent an adequate TENS trial. The request is also unclear as to if the injured worker needed to rent or purchase the TENS unit. Therefore, the request is not medically necessary.