

Case Number:	CM14-0008844		
Date Assigned:	02/12/2014	Date of Injury:	04/21/2011
Decision Date:	06/24/2014	UR Denial Date:	01/20/2014
Priority:	Standard	Application Received:	01/22/2014

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, 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:

This patient is a 50-year-old female with date of injury of 04/21/2011. Per treating physician's report, 12/16/2013, the patient has remained off of work since last visit and has no new further injuries, utilizes an at-home neck traction device and a transcutaneous electrical nerve stimulation (TENS) machine, and currently taking Levoxyl and Advil. The patient complains that her condition has worsened and continues to experience pain in the neck, upper back, notes painful movement and reduced range of motion. Her therapy exercise which was intended to activate her atrophied muscle causes a significantly increased pain and she is aware that the exercises are necessary to improve her condition. The patient has constant right upper extremity pain, continues to have sleep problems. On objective findings, the patient weighs 130 pounds. The patient has cervical spine tenderness to palpation on the right side, multiple muscles, limited range of motion, examinations of the right shoulders shows tenderness to palpation, multiple muscle groups. There is winging on the right scapula and limited range of motion maneuvers. The treating physician listed diagnosis: 1. Cervical spine sprain/strain with disk bulges at multiple levels per MRI, 06/08/2011. 2. Right shoulder impingement syndrome with mild arthrofibrosis and rotator cuff tear per MRI, 05/21/2012. 3. Right shoulder, status post arthroscopic subacromial decompression and rotator cuff repair with manipulation under anesthesia from 07/13/2012. 4. Right shoulder winging of scapula secondary to weakness of her serratus anterior with a normal electromyography (EMG)/ NCV (nerve conduction velocity) studies from 04/24/2013. The treatment and plan include: The treating provider believes that intensive physical therapy will benefit the patient to decrease pain and inflammation, increased flexibility and endurance. The patient's exercise is increasing her pain at home and she requires further instruction to help ensure she is performing these exercises properly for best results.

Therefore, the request is for additional therapy 1 time a week for deep tissue massage and taping to the right shoulder. The treating provider also recommends 1 to 2 sessions of physical therapy for instructions on use of TENS unit as a muscle stimulator. The patient is to continue taking the medications including the medical reports worth 221 pages and there were no therapy notes to verify the patient's therapy treatment history. An 11/13/2013 report is reviewed and this report states that the patient has completed 7 out of 8 therapy sessions with improvement noted and the therapist is recommending shoulder rehab, elastic shirt to help her with her right shoulder condition. The patient continues to complain of neck pain ranging from 8/10 to 10/10 with radiation into the right shoulder, and constant right shoulder pain 8/10 to 9/10. The request for additional physical therapy was denied by Utilization Review letter dated 01/20/2014. The rationale behind denial was that the patient has had adequate amount of physical therapy for chronic condition. The request for therapy to address TENS unit was also denied. Rationale was that "there is no quality evidence of the effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications."

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT), ONE (1) TIMES FOUR (4) FOR RIGHT SHOULDER:

Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , , 474

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

Decision rationale: This patient presents with chronic and persistent shoulder pain and neck pain with MRI (magnetic resonance imaging) showing disk bulges at multiple levels, status post right shoulder rotator cuff tear repair from 07/13/2012. The request is for additional physical therapy 1 times a week for 4 weeks to address the right shoulder persistent pain. Reviews of the reports show that the patient recently had 8 sessions of physical therapy without much improvement. The progress report from 12/16/2013 notes the patient continues to have significant increased pain when she exercises. Following 7 out of 8 therapy sessions completed, 11/13/2013 report notes persistent high level of pain at an intensity of 8/10 to 9/10 in both shoulder and the neck. The MTUS Guidelines recommend transcutaneous electrical nerve stimulation (TENS) at 9 to 10 sessions, physical therapy for myalgia/myositis type of condition that this patient suffers from. In this request, the patient has already completed 8 sessions and the additional 4 sessions would exceed what is recommended by MTUS Guidelines. Furthermore, there is no evidence that physical therapy has been helpful in reducing pain and improving function on this patient. In fact, the patient has difficulty performing the exercises at home due to complaints of increased pain from the exercises. It is not known what additional physical therapy will accomplish when recent therapy, 8 sessions, have not done much to reduce pain and improve function. It appears the patient has already been educated to home exercises. Thus, the recommendation is for denial.

ONE (1) TO TWO (2) SESSIONS OF PHYSICAL THERAPY FOR TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT FOR RIGHT SHOULDER:

Upheld

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

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

Decision rationale: This patient presents with persistent pain in the shoulder and neck being status post shoulder surgery from 2012. The request is for 1 to 2 sessions of therapy for instructions and use of transcutaneous electrical nerve stimulation (TENS) unit. Reviews of the reports show that on 12/16/2013, the treating physician documents, "She states she utilizes an at-home neck traction device and a TENS machine." It would appear that the patient is using TENS unit, but continues to experience some significant pain. The treating provider does not document how often TENS unit is used and with what effect, and whether or not the patient is complaining about how to properly use the TENS unit. Based on this report, the patient has a TENS unit and is using it at home. It is not known why the treating physician is asking for 2 additional sessions for instructions of TENS unit when the patient is already using it. Per MTUS Guidelines, TENS unit are indicated for neuropathic pain and other conditions such as phantom limb pain, multiple sclerosis, Complex regional pain syndrome (CRPS) type 2, and post-herpetic neuralgia. The MTUS does not support TENS unit for chronic musculoskeletal pain without component of neuropathic pain or other conditions listed above. Thus, the recommendation is for denial.