MAXIMUS Federal Services

Case Number:	CM14-0109519		
Date Assigned:	08/01/2014	Date of Injury:	12/10/2008
Decision Date:	10/03/2014	UR Denial Date:	06/13/2014
Priority:	Standard	Application Received:	07/14/2014

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 Family Medicine, 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 is a 65-year-old female patient who reported an industrial injury to the upper extremities on 12/10/2008, almost six (6) years ago, attributed to the performance of her usual and customary job tasks reported as an elevator door striking her left elbow. The industrial claim has been accepted for the bilateral upper extremities and the lower arm. The patient is noted to have had ongoing conservative care and ultimately underwent an arthroscopy and debridement of the left shoulder on 9/27/2010. The patient is also receives Synvisc injections to the right shoulder. The patient continued to complain of pain and discomfort to the upper extremities. The patient was diagnosed with contusion of chest wall with intercostal muscle strain; low back pain; lateral epicondylitis; rotator cuff sprains and strains to the left; tenosynovitis of hand and right wrist; cervical strain with regional myofascial pain; cervical sprain/strain. The patient was noted to have ongoing sessions with a psychologist for CBT for which anxiety was being treated. The patient was reported to have ongoing anxiety attacks naproxen two times a day for 2 to 3 minutes. The patient has been prescribed Ativan with some improvement. The patient is being evaluated for a left shoulder replacement surgery. The treatment plan included additional sessions of CBT and a TENS unit directed to the shoulder to help her sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): 300; 203,Chronic Pain Treatment Guidelines TENS unit chronic pain Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) forearm, wrist, hand--TENS unit; Pain chapter--TENS unit

Decision rationale: The requesting provider did not provide subjective/objective evidence to support the medical necessity of the TENS Unit or the electronic muscle stimulator for the treatment of the postoperative left shoulder. The ACOEM Guidelines do not recommend the use of TENS Units for neck, shoulder, elbow, or wrist, as there is no objective evidence available to support their use. There is no justification for the use of the 4-lead TENS unit as required by the CA MTUS. The use of the TENS unit for the treatment for the wrist/hand/forearm is not recommended by the CA MTUS or the ACOEM Guidelines. There is no objective evidence provided to support the medical necessity of the requested TENS Unit or electric muscle stimulator for the treatment of the hand/forearm for the effects of the industrial injury. The TENS unit is directed to chronic left postoperative shoulder pain issues. The patient was noted to have used a TENS unit during PT rehabilitation; however, there was no documented functional improvement with the use of the tens unit and no demonstrated reduction in the use of medications for the postoperative shoulder. There was no objective evidence to justify the continued use of the tens unit in the treatment plan for this patient. The CA MTUS and the Official Disability Guidelines only recommends the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. The TENS Unit is recommended for only chronic intractable pain. There was no provided documentation that the patient was participating in a self-directed home exercise program. The ACOEM Guidelines revised back chapter 4/07/08 does recommend the use of the TENS Unit for the treatment of chronic lower back pain; however, it must be as an adjunct to a functional rehabilitation program and ongoing exercise program. The CA MTUS only recommend the use of the TENS unit for chronic lower back pain with a demonstrated exercise program for conditioning and strengthening. There are no recommendations for the use of the TENS Unit in the treatment of the wrist, forearm, or hand. There is no objective evidence provided by the requesting provider that the same results cannot be achieved with a home exercise program established for functional rehabilitation with strengthening and conditioning directed to the hand. There is no demonstrated medical necessity for the provision of a TENS for the rehabilitation of the shoulder for the reported chronic pain status post left shoulder arthroscopy. Therefore the request is not medically necessary.

Additional sessions of behavioral medicine counseling QTY: 4.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological treatment Page(s): 101.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 398. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) chapter 6--page 115;

Official Disability Guidelines (ODG) Mental Stress Chapter--psychological evaluation; Cognitive therapy; Pain chapter psychological evaluations; behavioral interventions

Decision rationale: The patient was prescribed 4 sessions of CBT by the requesting physician and was authorized 2 sessions of CBT for anxiety prior to the anticipated left shoulder arthroplasty in order to establish functional improvement through the use of cognitive behavioral therapy. There is no demonstrated medical necessity for the provision of more than 2 sessions in order to establish functional improvement. The ODG recommends up to 20 sessions of CBT over a period of 13-20 weeks for the provision of CBT in order to teaching pain coping skills. The patient has received prior session of CBT. The request for authorization of additional sessions of CBT is not supported with subjective/objective evidence to demonstrate medical necessity. The patient is noted to have postoperative shoulder pain with a recommended shoulder arthroplasty. The ACOEM guidelines state that there is sufficient evidence to support the medical necessity of psychological consultations and treatment for chronic pain issues; however, patients should be evaluated psychologically to explore factors maintaining chronic pain and disability and to facilitate recovery and restoration of function." The Official Disability Guidelines recommend that psychological evaluations are used not only with selected use in pain problems, but also with more widespread use in subacute and chronic pain populations. Diagnostic evaluations should distinguish between conditions that are preexisting, aggravated by the current injury or work related. Psychosocial evaluations should determine if further psychosocial interventions are indicated. There is no rationale provided by the requesting physician supported with objective evidence to support the medical necessity of any additional behavioral therapy for the effects of this industrial injury. There is no demonstrated medical necessity for the provision of 4 sessions of CBT over the authorized 2 sessions of CBT for evaluation of functional improvement in relationship to the patient's anxiety issues and chronic shoulder pain. Therefore the request is not medically necessary.