

Case Number:	CM14-0132368		
Date Assigned:	08/22/2014	Date of Injury:	09/02/2011
Decision Date:	10/01/2014	UR Denial Date:	08/04/2014
Priority:	Standard	Application Received:	08/19/2014

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 31-year-old female who reported an industrial injury on 9/2/2011, three (3) years ago, attributed to the performance of her usual and customary job tasks reported as repetitive lifting of 20-pound coin boxes. The industrial injury has been accepted for the right upper extremity. The patient is performing modified duty. An Electrodiagnostic study dated 12/13/2011, documented normal Electrodiagnostic findings without evidence of carpal tunnel syndrome, peripheral entrapment neuropathy, or cervical radiculopathy. An AME evaluation for future medical care recommended that the patient be treated with OTC or prescription medications; wrist splints; and would be restricted from heavy lifting. The recent evaluation the patient documented persistent right shoulder neck and right upper extremity pain. The patient was noted to have received additional physical therapy, which was working well. It was noted that she received benefit from the TENS unit during physical therapy sessions to the right upper extremity. The MRI of the cervical spine dated 7/31/2013 documented evidence of mild multilevel facet arthropathy otherwise normal examination. The treatment plan included a TENS unit purchase. The patient was also prescribed an additional 2x4-6 weeks of additional physical therapy directed to the right upper extremity. It was noted that the patient had recently completed the six sessions of previously authorized additional PT.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, additional 2x/wk x 4-6 weeks QTY: 12.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 6 page 114; Chapter 9 page 203-04 Official Disability Guidelines (ODG) neck and upper back section--PT; lower back--PT; shoulder--PT; knee PT; and forearm, hand, wrist PT

Decision rationale: The patient was documented to have received six recent additional sessions of physical therapy directed to the right upper extremity. There was evidence of functional improvement with the provided physical therapy; however, there was no evidence that the patient could not be integrated into a self-directed home exercise program. There was no evidence that the patient could not perform strengthening and conditioning exercises in a self-directed home exercise program. There was no objective evidence that supported the medical necessity of additional PT over the recommendations of the CA MTUS or over the recommended self-directed home exercise program for the right upper extremity three years after the date of injury. The patient is not documented to have weakness and muscle atrophy. The patient is documented only to have TTP and diminished ROM. The patient has received ongoing sessions of PT for the industrial injury and has exceeded the number of sessions and time period for rehabilitation recommended by the CA MTUS. The CA MTUS recommends nine to ten (9-10) sessions of physical therapy over 8 weeks for the lumbar/cervical spine for sprain/strains, degenerative disc disease, or lumbar radiculopathies. The CA MTUS recommends up to ten (10) sessions of physical therapy over eight (8) weeks for the rehabilitation of the shoulder subsequent to the diagnosis of sprain/strain or impingement. The Official Disability Guidelines/MTUS recommend up to nine (9) sessions of physical therapy for wrist strains over 8 weeks and up to 12 sessions over 8 weeks for de Quervain's tenosynovitis with integration into a home exercise program. The recommended number of sessions of physical therapy for CTS is 3-5 sessions with integration into a self-directed home exercise program. The patient has exceeded the recommendations of the CA MTUS for treatment of the right shoulder and lower back. The patient has received prior sessions of physical therapy directed to the RUE and should be in a HEP. The subsequent conditioning and strengthening is expected to be accomplished with the self-directed home exercise program. There is no objective evidence provided to support the medical necessity of additional PT over the number recommended by the CA MTUS. The 2x4-6 sessions of additional PT represents maintenance care and is not demonstrated to be medically necessary.

TENS unit QTY: 1.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, (Transcutaneous electrotherapy) Page(s): 114-116.

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

Decision rationale: The requesting provider did not provide subjective/objective evidence to support the medical necessity of the TENS Unit and supplies purchase for the treatment of the cited diagnoses. The ACOEM Guidelines revised back chapter 4/07/08 does not recommend the use of the TENS Unit for the treatment of acute/chronic upper back, neck, elbow or wrist pain. 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 right upper extremity for the effects of the industrial injury. The TENS unit is directed to chronic hand, elbow, wrist pain; and shoulder issues. 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 elbow, 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 hand/wrist. There is no demonstrated medical necessity for the provision of the tens unit or tens unit pads for the effects of the industrial injury. There is no demonstrated medical necessity for the purchase of a TENS unit with supplies for the treatment of the right upper extremity.