

Case Number:	CM14-0184446		
Date Assigned:	11/12/2014	Date of Injury:	08/16/2013
Decision Date:	12/15/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	11/05/2014

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 Orthopedic Surgery 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 case involves a 54-year-old female special education aide who sustained an industrial injury on 8/16/13. Injury occurred when the patient was pushed down by a disabled child, fell and lost consciousness as she hit the ground. The claim was accepted for the neck, headaches, low back, right shoulder, and right knee. Past medical history was positive for hypertension and heart murmur and flutter. The patient was allergic to steroids. Past surgical history included bilateral total knee arthroplasties. Initial conservative treatment included physical therapy, activity modification, muscle relaxants, and opioid pain medications. The 9/15/14 treating physician report cited improvement in occipital headaches and symptoms of forgetfulness. There was residual neck discomfort and on-going right shoulder symptoms. Physical exam documented height 5'5" and weight 233 pounds. Cervical exam documented decreased range of motion with pain and significant right trapezius spasms. There was decreased sensation in the right C7 distribution and decreased right biceps/triceps strength. Lumbar exam documented grossly abnormal and painful range of motion, no radiation of pain down the legs, equivocal straight leg raise bilaterally with back pain at 30 degrees, and antalgic shuffling gait, dragging her right foot. Upper and lower extremity deep tendon reflexes were within normal limits. Right shoulder exam documented range of motion as abduction 105, flexion 130, extension 0, and external rotation 45 degrees. There was infraspinatus and supraspinatus muscle weakness and laxity in the joint. Hawkin's maneuver was positive. The right knee exam was reported as not significant. Imaging findings were reviewed with findings of cervical and lumbar discogenic disease with no evidence of nerve impingement, and right shoulder rotator cuff tear. The right knee MRI showed a patellar implant but no internal structural damage. The treatment plan recommended right shoulder rotator cuff surgery, TENS unit for her low back, aquatic therapy for her neck and shoulder, and continued medications (cyclobenzaprine, omeprazole, and hydrocodone). The patient had

previously used a TENS unit in the past with physical therapy and found it beneficial. The patient remained totally disabled. The 10/9/14 utilization review denied the request for aquatic therapy as there was no rationale to support aquatic therapy as opposed to a land-based home exercise program. The request for purchase of a TENS unit was denied as there was no evidence of TENS being used on a trial basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Outpatient aquatic therapy two times per week for six weeks, no body part indicated:

Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 94, Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 24.

Decision rationale: The California Chronic Pain MTUS guidelines support the use of aquatic therapy as an optional form of exercise therapy, as an alternative to land-based physical therapy. Aquatic therapy is specifically recommended where reduced weight bearing is desirable. Guidelines specifically recommend a trial of aquatic therapy for the treatment of subacute or chronic low back if the patient meets the criteria for a referral for supervised exercise therapy and has co-morbidities (e.g., extreme obesity, significant degenerative joint disease, etc.) that preclude effective participation in a weight-bearing physical activity. The patient must demonstrate evidence of functional improvement within 6 to 8 visits to justify additional visits. Guideline criteria have not been met. The current records indicate that this request is for treatment of the neck and right shoulder; however, not for the low back. The patient has a large habitus but is not documented as extremely obese with preclusions from land-based exercise. Surgery has been recommended for the right shoulder. There is no specific functional treatment goal for this request. The request exceeds guideline recommendations for initial aquatic therapy care. Therefore, this request is not medically necessary.

Purchase of a transcutaneous electrical nerve stimulator (TENS) unit: 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 Page(s): 114-116.

Decision rationale: The California MTUS guidelines recommend the use of transcutaneous electrotherapy in the treatment of chronic pain when specific indications are met. A one-month trial is supported for TENS units if there is chronic intractable pain of 3 months duration and other appropriate pain modalities (including medication) have been tried and failed. A one-month trial period of the TENS unit should be documented (as an adjunct to on-going treatment

modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function. Guideline criteria have not been met for purchase of a TENS unit. There is no evidence in the records of a one-month TENS unit trial with guideline required documentation of use and outcomes. Absent a TENS unit trial with documentation of pain reduction and functional benefit, purchase of a unit is not consistent with guidelines. Therefore, this request is not medically necessary.