

Case Number:	CM14-0021904		
Date Assigned:	05/09/2014	Date of Injury:	11/05/2008
Decision Date:	07/10/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	02/21/2014

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 Texas. 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 39-year-old female injured on 11/05/08, as a result of cumulative trauma to the left shoulder and neck. The injured worker has reported ongoing pain status post left shoulder subacromial decompression and rotator cuff debridement and cervical spondylosis. The clinical note dated 01/27/14 indicates that the injured worker presented complaining of left sided neck pain with stiffness and burning in her upper back and shoulder blade area. The injured worker reports shooting pain down the bilateral upper extremities without numbness or tingling reported. The injured worker does report she participates in home exercise program; however, does not remember a significant portion of the exercises that were taught to her by physical therapy. A physical examination revealed decreased cervical range of motion, muscle strength 5/5 in the bilateral upper extremities, sensation normal to bilateral upper extremities, sit to stand and gait were within normal limits. Prior treatments include Transcutaneous Electrical Nerve Stimulation (TENS) unit, shoulder injections, physical therapy in 2010. The current medications include Flexeril at night. The injured worker was recommended the use of Skelaxin in place of Flexeril due to drowsiness. Additionally, physical therapy time six (6) sessions to review and upgrade her home exercise program, Transcutaneous Electrical Nerve Stimulation (TENS) unit electrodes, and left shoulder injection were recommended. The initial request for six (6) physical therapy visits to the neck and left shoulder was modified on 02/14/14 and Transcutaneous Electrical Nerve Stimulation (TENS) electrodes for one (1) year was denied on 02/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

SIX (6) PHYSICAL THERAPY VISITS FOR THE NECK AND LEFT SHOULDER:

Upheld

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

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

Decision rationale: The Chronic Pain Guidelines recommend ten (10) visits over eight (8) weeks for the treatment of shoulder/cervical strain/sprain and allow for fading of treatment frequency (from up to 3 or more visits per week to 1 or less), plus active self-directed home physical therapy. There is no documentation of exceptional factors that would support the need for therapy that exceeds guidelines either in duration of treatment or number of visits. The medical necessity of the six (6) physical therapy visits to the neck and left shoulder cannot be established at this time. The request is not medically necessary.

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) ELECTRODES FOR ONE (1) YEAR: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TRANSCUTANEOUS ELECTROTHERAPY Page(s): 116.

Decision rationale: The Chronic Pain Guidelines indicate that the Transcutaneous Electrical Nerve Stimulation (TENS) unit use is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration. The criteria for TENS use includes documentation of pain of at least a three (3) month duration; evidence that other appropriate pain modalities have been tried (including medication) and failed; and documentation of improvement with the use of the unit. The qualified medical exam (QME) performed on 11/01/06 indicated that the injured worker reported improvement and benefit from the use of TENS unit. The injured worker did not require the use of the TENS unit for several years, due to a significant decrease in pain. As such, the request for TENS electrodes for one (1) year are recommended as medically necessary.