

Case Number:	CM14-0032447		
Date Assigned:	04/09/2014	Date of Injury:	10/02/2006
Decision Date:	05/28/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	02/07/2014

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 Emergency 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:

Patient with date of injury 10/2/2006. No mechanism of injury provided. Pt has diagnosis of herniated nucleus pulposus of cervical spine status post anterior cervical disc fusion (2/22/13) and post R rotator cuff repair arthroscopy. Medical records reviewed from primary treating physician and consults. Last record available until 1/15/14. Patient complains of neck pain flare ups. Pain is 4/10. Pain causes headaches 3-4 times a week. Pain worsens with prolonged driving, activity and upward gaze. Objective exam reveals normal strength on both hands. Mild decreased R shoulder 4/5 weakness. Tenderness noted to bilateral posterior cervical paraspinal and upper trapezius regions. Muscle spasms and trigger points noted. Cervical spine has decreased range of motion. X-ray on 12/5/13 of cervical spine reveals broken pedicle screw C7 on R side but is incorporating well. No other imaging reports provided. Pt is currently on Lidoderm and Norco. There is record of prior physical therapy after cervical spine surgery. The Physical therapy note on 7/10/13 shows initial visit for assessment for cervical physical therapy. Pt has reported prior PT for R shoulder-last PT report on 5/16/13 reports continued shoulder deficits but "some improvement" was achieved during sessions. Utilization review is for TENS unit and supplies (rental or purchase) and continued physical therapy of R shoulder and cervical (2 times a week for 6weeks). Prior UR on 1/13/14 recommended non-certification.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS UNIT & SUPPLIES (RENTAL OR PURCHASE): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 114-115.

Decision rationale: The Expert Reviewer's decision rationale: As per MTUS Chronic pain guidelines, TENS is not recommended as a primary treatment modality but may be considered in patients with neuropathic pain (specifically diabetic neuropathy and post-herpetic neuralgia) and complex regional pain syndrome. There is poor evidence for treatment for muscle spasms. As per MTUS guidelines, before TENS can be recommended, it requires a successful 1month trial along with an ongoing functional restoration plan with documentation of benefits including pain relief and function. Patient has not met this criteria and therefore TENS unit and supplies is not medically necessary.

CONTINUED PHYSICAL THERAPY (CERVICAL, RIGHT SHOULDER): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

Decision rationale: The Expert Reviewer's decision rationale: As per MTUS chronic pain guidelines, it recommends fading visits of 3visits per week to 1 per week with self-directed home therapy. Guideline recommends at most 10visits over 4-8 weeks depending on pathology being treated. Pt had completed a prior session for shoulder rotator cuff pathology but there is no documentation as to effectiveness of PT except a vague "some improvement" in documentation. Pt was also noted to have started a physical therapy program for cervical spine on 7/10/13 but no information as to effectiveness and what was done was documented or provided. As per MTUS guidelines the number of sessions is not recommended and there is no documentation to support additional PT. The request for additional R shoulder and cervical spine PT is not supported by documentation of functional improvement and is not medically recommended. The request for physical therapy sessions is not medically necessary.