

Case Number:	CM14-0038974		
Date Assigned:	06/27/2014	Date of Injury:	01/20/2012
Decision Date:	07/29/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/02/2014

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 Occupational 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder, low back, and neck pain reportedly associated with an industrial injury of January 20, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; 18 to 20 sessions of physical therapy, per the claims administrator; a TENS unit; attorney representation; psychological counseling; and transfer of care to and from various providers in various specialties. In a Utilization Review report dated March 12, 2014, the claims administrator did not grant the request for 12 additional sessions of physical therapy, did not grant the request for 60-day interferential unit rental, and denied a request for a purchase of an interferential unit. The applicant's attorney subsequently appealed. In a June 17, 2014 mental health note, the applicant was placed off work from a mental health perspective, on total temporary disability. BuSpar, ProSom, and Wellbutrin were prescribed. The applicant was described as permanent and stationary from a medical perspective as of November 7, 2013. On January 9, 2014, the attending provider sought authorization for flurbiprofen-ranitidine, gabapentin, Keratek gel, and numerous topical compounds. Twelve sessions of physical therapy and an interferential stimulator were apparently sought on February 27, 2014. The applicant was given a shoulder corticosteroid injection on the same date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional outpatient physical therapy with evaluation to the left shoulder three (3) times per week for four (4) weeks, QTY: 12: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS Physical Medicine topic.2. MTUS 3. MTUS 9792.20f Page(s): 8,99.

Decision rationale: The applicant has already had prior physical therapy (18 to 20 sessions), seemingly in well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. As further noted on page 8 of the California MTUS Chronic Pain Medical Treatment Guidelines, there must be some demonstration of functional improvement at various milestones in the treatment program so as to justify continued treatment. In this case, however, the applicant is off work. The applicant remains highly reliant and highly dependent on various forms of medical treatment, including psychological counseling, analgesic medications, topical agents, etc. All of the above, taken together, imply a no functional improvement as defined in the California MTUS despite completion of earlier physical therapy in excess of the California MTUS parameters. Therefore, the request for additional physical therapy is not medically necessary.

Rental of interferential (IF) unit for thirty (30) to sixty (60) days: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Interferential Current Stimulation topic. Page(s): 120.

Decision rationale: On page 120 of the MTUS Chronic Pain Medical Treatment Guidelines, interferential stimulation may be endorsed on a one-month-trial basis in applicants in who pain is ineffectively controlled due to diminished efficacy of medications. The guidelines also apply to applicants who pain is ineffectively controlled owing to medication side effects, history of substance abuse that would prevent provision of analgesic medications, and/or evidence that an applicant is having pain from postoperative conditions, which would limit the ability to participate in physical therapy or home exercises. In this case, however, none of the aforementioned criteria have seemingly been met. The attending provider has not specifically stated that analgesic medications have been ineffectual here, nor did the attending provider stated that the applicant is unable to participate in home exercises of her own accord without the interferential stimulator device. Therefore, the request is not medically necessary.

Purchase of interferential (IF) unit if effective: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Interferential Current Stimulation topic Page(s): 120.

Decision rationale: This request is, in fact, a conditional request. The attending provider stated that the interferential stimulator should be authorized for purchase if the initial trial is effective. In this case, however, the initial trial has been deemed not medically necessary. Therefore, the derivative request for a purchase of the interferential stimulator device is likewise not medically necessary