

Case Number:	CM14-0041638		
Date Assigned:	07/02/2014	Date of Injury:	01/01/2011
Decision Date:	08/13/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	04/09/2014

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 Illinois. 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 54-year-old female who reported an injury on 01/01/2011. The mechanism of injury was noted to be repetitive straining. Prior treatments include medications, physical therapy, physiotherapy, transcutaneous electrical nerve stimulation, and home exercise. The injured worker's diagnoses were noted to be cervical spondylosis without myelopathy, cervical degenerative disc disease, cervicgia, carpal tunnel syndrome, and injury to ulnar nerve. The injured worker had a clinical evaluation on 06/19/2014. She had complaints of neck pain with headaches and muscle spasms. She rated her pain at an 8/10 and she described it as constant, aching, and sharp. She stated that her neck pain was accompanied by spasms in the neck and shoulders. It was noted in the physical examination that there was no atrophy or wasting of muscles, no evidence of spasm over the cervical paraspinal muscles and upper trapezius muscles. It was noted that range of motion of the cervical spine was reduced and there was tenderness in the cervical paravertebral region on the right side at C4-5 and C5-6 level. Spurling's test was positive on both right and left for neck pain only. Grip strength was 4/5 on the right hand and 5/5 on the left hand. The provider's request for physical therapy was provided. The provider's request for TENS unit was not provided. The request for authorization for medical treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy X 12 Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines recommend physical medicine. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual, and/or tactile instructions. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The physical medicine guidelines allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine. The guidelines allow for 8 to 10 visits over 4 weeks. According to the last clinical evaluation, the documentation fails to provide range of motion values and objective data to support functional limitations. Also, it is noted that the injured worker has had prior treatment of physical therapy; yet not noted how many sessions she has used. In addition, the request fails to indicate a body part for the physical therapy sessions.

TENS unit supplies: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous Electrotherapy Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrical nerve stimulation (TENS) Page(s): 114-116.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not recommend a TENS unit as a primary treatment modality, but a 1 month home based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct with a program of evidence based functional restoration. According to the clinical evaluation, the injured worker is not using a TENS unit. Therefore, supplies would not be medically necessary. As such, the request for TENS unit supplies is not medically necessary and appropriate.