

Case Number:	CM14-0044893		
Date Assigned:	07/02/2014	Date of Injury:	01/13/2014
Decision Date:	08/26/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/11/2014

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 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 injured worker is a 52-year-old female who reported injury on 01/13/2014. The mechanism of injury was not provided. The documentation indicated the patient had 9 visits of physical therapy. The patient had 6 visits of chiropractic care. The injured worker underwent an MRI of the cervical spine. The documentation of 03/05/2014 revealed the injured worker had decreased pain with a chiropractor, chiropractic treatments, and physical therapy. The request was made for additional chiropractic and therapy visits. The medications included Flexeril 10 mg tablets, meclizine 25 mg, and Norco 10/325. The physical examination revealed the injured worker had tenderness at the origin of the extensor tendon. The pain was augmented with wrist extension. Resisted rotation of the lateral forearm showed medial and lateral epicondyle pain. The right elbow was within normal limits. The physical examination of the cervical spine revealed the injured worker had tenderness in the spinous process on palpation of the cervical spine. There was paraspinal muscle tenderness. The diagnosis included cervicgia, degeneration of cervical intervertebral, vertigo, and epicondylitis. The treatment plan include physical therapy 3 times 3 to increase or maintain functional gains, 9 visits of chiropractic care, a TENS unit, with 1 visit for instructional use. A 3 months trial of the TENS unit was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy x9 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend physical medicine treatment for myalgia and myositis for 9 to 10 visits. The clinical documentation submitted for review indicated the injured worker had previously undergone therapy. While there was documentation per the physician, it was beneficial, there was a lack of documentation of objective functional deficits to support the necessity for further therapy. The request as submitted failed to indicate the body part to be treated with physical medicine. Given the above, the request for physical therapy times 9 visits is not medically necessary.

Chiropractic Care x9 visits: 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 Manual Therapy Page(s): 58-59.

Decision rationale: The California MTUS Guidelines recommend manual therapy for chronic pain if it is caused by musculoskeletal conditions. There should be some outward sign of subjective or objective improvement within the first 6 visits. The clinical documentation submitted for review indicated the injured worker had undergone 6 sessions of manipulation. There was a lack of documentation of subjective or objective functional improvement. The request as submitted failed to indicate the body part to be treated. The request for 9 visits would be excessive. Given the above, the request for chiropractic care times 9 visits is not medically necessary.

Trial of TENS (transcutaneous electrical nerve stimulation) unit x3 months: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173-174, 203, 300, 339. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The California MTUS Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other pain modalities have been trialed and failed, including medications. There should be documentation of a treatment plan including the specific short and long term goals of treatment with the TENS unit. The clinical documentation submitted for review indicated the injured worker had utilized the TENS unit at therapy. However, there was a lack of documentation of

objective functional benefit. The request for 3 months trial is excessive. The guideline recommendations are for a trial of 1 month. There was a lack of documentation indicating the injured worker would utilize the unit as an adjunct therapy. Given the above, the request for a trial of TENS (transcutaneous electrical nerve stimulation unit) times 3 months is not medically necessary.

One visit for Instructional use of TENS (transcutaneous electrical nerve stimulation) unit:
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 TENS unit Page(s): 114-116.

Decision rationale: The California MTUS Guidelines recommend a 1 month trial of a TENS unit as an adjunct to a program of evidence-based functional restoration for chronic neuropathic pain. Prior to the trial there must be documentation of at least 3 months of pain and evidence that other pain modalities have been trialed and failed, including medications. There should be documentation of a treatment plan including the specific short and long term goals of treatment with the TENS unit. The clinical documentation submitted for review indicated the injured worker had utilized the TENS unit at therapy. However, there was a lack of documentation of objective functional benefit. The request for 3 months trial is excessive. The guideline recommendations are for a trial of 1 month. There was a lack of documentation indicating the injured worker would utilize the unit as an adjunct therapy. Given the above, the request for a trial of TENS (transcutaneous electrical nerve stimulation unit) times 3 months is not medically necessary. As the request for the TENS unit was found to be not medically necessary, the request for 1 visit for instruction use of TENS (transcutaneous electrical nerve stimulation unit) is not medically necessary.