

Case Number:	CM14-0045150		
Date Assigned:	07/02/2014	Date of Injury:	06/03/2007
Decision Date:	08/19/2014	UR Denial Date:	03/14/2014
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 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 patient is a 56-year-old female who was injured on 06/03/2007 when she was hit by a door that fell off its frame and landed against her right shoulder and her head, causing immediate pain. Prior treatment history has included Lyrica, Hydrocodone, Sertraline, Butrans, Biofreeze with Hex Gel, and Tizanidine Hcl; functional restoration program with improvement in activities of daily living such as personal hygiene, cooking and cleaning; and 20/24 sessions of physical therapy. Visit note dated 02/27/2014 indicated the patient complained of shoulder pain. She presented with ongoing neck, shoulder and upper back pain. It radiates down the arms and fingers. She rated her pain as 10/10 and at its best a 4/10. She reported it is exacerbated by prolonged sitting and lots of moving. The pain makes activities of daily living difficulty with walking, sitting, chores, personal care, leisure activities and driving. On exam, shoulder reveals forward flexion could not be tested due to the pain; left elbow flexion is 4/5; right elbow flexion is 4-/5; left elbow extension is 3-/5; right elbow extension is 3-/5; left wrist extension is 4+/5; right wrist extension is 5/5. Left grip is 4+/5, right grip is 4+/5, left finger abduction is 4+/5; right finger abduction is 4+/5. She is diagnosed with neck sprain/strain, cervical radiculopathy, shoulder impingement, bicipital tenosynovitis. She was recommended a TENS unit and physical therapy once a week for 6 weeks. Prior utilization review dated 03/14/2014 states the requests for physical therapy 6x1x6, shoulder and TENS Unit Shoulder(s) Purchase are not certified as there is no clinical indication warranting further treatment of physical therapy and there is limited documentation of objective functional gains from using a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

PT 6X1X6 Shoulder: 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 Physical Medicine Page(s): 98-99.

Decision rationale: According to MTUS guidelines, physical medicine (physical therapy) may be indicated for acute exacerbations of chronic pain up to 10 visits over 8 weeks. However, in this case, the patient has had extensive physical therapy in the recent past for chronic pain without lasting benefit in terms of functional improvement or pain reduction. There has been no reduction in dependency on medical care. There has been no significant exacerbation. The patient should be well versed in physical therapy methods at this point and able to transition to a home exercise program. Therefore, the request is not medically necessary.

TENS Unit Shoulder(s) Purchase: 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 Page(s): 114-117.

Decision rationale: According to MTUS guidelines, TENS unit may be recommended after a one-month trial in the event of positive outcomes in terms of function, pain and medication usage. Short and long-term goals should be outlined. In this case the patient has been using a TENS unit with reported subjective benefit. However, medical records fail to demonstrate clinically significant functional improvement, pain reduction or medication reduction from use of TENS. Short and long-term goals are not defined. Therefore, the request is not medically necessary.