

<b>Case Number:</b>	CM14-0067506		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	03/31/2014
<b>Decision Date:</b>	09/08/2014	<b>UR Denial Date:</b>	04/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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, has a subspecialty in Interventional Spine 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 44-year-old male with a date of injury of 03/31/2014. The listed diagnoses per [REDACTED] are: Lumbar musculoligamentous sprain/strain and right lower radiculitis. Right shoulder sprain with rotator cuff tendinitis and impingement syndrome. The medical file provided for review includes one progress report. According to doctor's first report 04/11/2014 by [REDACTED], the patient presents with low back pain radiating to the right hip/buttock and lower extremity, as well as right shoulder pain. Physical examination revealed tenderness over the subacromial region in the right shoulder, acromioclavicular joint, anterior capsule and periscapular musculature. Tender myofascial trigger points are noted in the trapezius muscle. Examination of the lower back revealed positive straight leg raise and pain that radiates to the right buttock and down the posterior thigh. Piriformis test is positive and sacroiliac joint stress test reveals right buttock pain only. Ranges of motion are decreased on all planes. Report notes the patient had "course of therapy and medication, which provided only temporarily relief." He was released to light duty. Treater recommends physical therapy 3 times a week for 4 weeks and a home ortho-stimulation/interferential unit for more consistent self-guided treatment of flareups. Utilization review denied the request on 04/28/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy three times a week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for low back, physical therapy guidelines, Official Disability Guidelines (ODG) shoulder chapter.

**Decision rationale:** This patient presents with low back pain radiating to the right hip/buttock and lower extremity as well as continued right shoulder pain. The treater is requesting physical therapy 3 times a week for 4 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms, 9 to 10 visits over 8 weeks. The medical file provided for review includes one doctor's first report from 04/11/2014 by [REDACTED]. He does not provide treatment history that including number of physical therapy sessions received to-date. It is noted that the patient has had prior physical therapy which only provided "temporary relief." In this case, the treater does not provide information regarding progress from prior therapy. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, the requested 12 sessions exceeds what is allowed per MTUS. The request is not medically necessary.

**Supervised Exercise, three times a week for four weeks:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Page(s): 98, 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) for low back, physical therapy guidelines, Official Disability Guidelines (ODG) shoulder chapter.

**Decision rationale:** This patient presents with low back pain radiating to the right hip/buttock and lower extremity as well as continued right shoulder pain. The treater is requesting physical therapy 3 times a week for 4 weeks. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis-type symptoms, 9 to 10 visits over 8 weeks. The medical file provided for review includes one doctor's first report from 04/11/2014 by [REDACTED]. He does not provide treatment history that including number of physical therapy sessions received to-date. It is noted that the patient has had prior physical therapy which only provided "temporary relief." In this case, the treater does not provide information regarding progress from prior therapy. There is no discussion as to why the patient is not able to establish a home exercise program to manage pain. Furthermore, the requested 12 sessions exceeds what is allowed per MTUS. Recommendation is for denial.

**Home Ortho stimulation/interferential 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 Interferential Current Stimulation Page(s): 118-120.

**Decision rationale:** This patient presents with low back pain radiating to the right hip/buttock and lower extremity, as well as continued complaints of right shoulder pain. The treater is requesting a home ortho-stimulation/interferential unit for more consistent self-guided treatment of flareups. The MTUS Guidelines page 118 to 120 states interferential current stimulation is not recommended as an isolated intervention. "There is no quality evidence of effectiveness except in conjunction with recommended treatments including return to work, exercise, and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included the studies for back pain, jaw pain, soft tissue shoulder pain, cervical pain, and post-operative knee pain." For indications, MTUS mentions intolerability to meds, post-operative pain, history substance abuse, etc. For these indications, one-month trial is then recommended. In this case, treater's request lacks duration and time-frame and a home purchase of the unit is not recommended until a successful home trial for a month. The request is not medically necessary.