

Case Number:	CM14-0081196		
Date Assigned:	07/25/2014	Date of Injury:	05/12/2009
Decision Date:	09/09/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	06/02/2014

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:

Interim evaluation dated 04/16/2014 documented the patient complained of cervical, bilateral shoulders, lumbar and left knee pain. He did report that therapy has been very helpful to him. On exam, the cervical spine has mild tenderness. Range of motion revealed flexion from his sternum to his chin is one fingerbreadth; extension is 30 degrees; and left and right rotation is 80 degrees. His neuro exam was normal. There is tenderness of the trapezium as well. The shoulder range of motion revealed flexion to 180 bilaterally; and extension to 90 degrees. Diagnoses are cervical spine strain/sprain; bilateral trapezius muscle strain/sprain; lumbar spine strain with underlying L5-S1 disc bulge; status post left knee arthroscopic surgery for bilateral menisci tears and chondromalacia. The patient has been recommended for therapy to his neck and shoulder region. He will also need special pads for the home TENS unit and continued with medications as directed. Prior utilization review dated 05/07/2014 states the request for Physical Therapy for the neck and shoulder #12 is partially certified and 1 box of pads for TENS unit is not certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, neck and shoulder #12: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Shoulder, Physical therapy.

Decision rationale: This is a request for 12 visits of physical therapy for the neck and shoulder for a 50 year old male injured on 5/12/09 with chronic neck, bilateral shoulder, low back and left knee pain. However, there does not appear to have been an acute exacerbation of neck and shoulder symptoms. Neck and shoulder exam appear to be essentially normal. Prior response to physical therapy is not discussed. Medical necessity for physical therapy is not established.

E1399, Pads for TENS 1 box: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-121.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-117. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, TENS.

Decision rationale: This is a request for TENS pads for a 50 year old male injured on 5/12/09 with chronic neck, bilateral shoulder, low back and left knee pain. However, the patient does not suffer from a condition for which TENS is recommended. History, examination and diagnostics do not support a current diagnosis of neuropathy, radiculopathy, CRPS II, Phantom Limb Pain, Spasticity or Multiple Sclerosis. Medical necessity is not established.