

Case Number:	CM14-0185717		
Date Assigned:	11/13/2014	Date of Injury:	02/07/2014
Decision Date:	02/05/2015	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	11/07/2014

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 Family Practice 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:

This is a 48 year-old male who has reported pain in the low back, neck, foot, and right knee after an injury on February 7, 2014. The current diagnoses are low back, neck, and right knee pain. Treatment has included physical therapy, medications, and acupuncture. A progress note on September 5, 2014 indicated he had 10/10 pain. The symptoms were unchanged since his injury. He was unable to exercise, work or perform daily activities. Sensory exam was intact. He had previously completed 8 visits of physical therapy at another facility. A one month trial of a TENS unit was requested as well as 10 sessions of physical therapy. The work status was temporarily totally disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ten sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: According to the MTUS chronic pain chapter, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to

1 or less), plus active self-directed home Physical Medicine. 8-10 visits are recommended for "Myalgia and myositis", "Neuralgia, neuritis, and radiculitis, unspecified". According to the ACOEM guidelines: Physical and Therapeutic Interventions are recommended for 1 to 2 visits for education. This education is to be utilized for at home exercises which include stretching, relaxation, strengthening exercises, etc. In this case, the injured worker has already completed at least 8 visits of physical therapy without specific and significant improvement. There is no documentation to indicate that any further physical therapy cannot be done independently at home. Ten more visits exceed the MTUS recommendations. Consequently, the additional therapy sessions are not medically necessary.

TENS unit trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the injured worker did not have the above diagnoses. The request for a TENS unit is not medically necessary.