

<b>Case Number:</b>	CM14-0199337		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	02/19/2014
<b>Decision Date:</b>	01/27/2015	<b>UR Denial Date:</b>	10/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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 Rehab, 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:

This patient is a 47 year old female with a date of injury of 2/19/14. According to progress report dated 10/23/2014, the patient presents with complaints of cervical spine pain that is rated as 7/10. The pain increases with activity. She also complains of burning pain across her upper back, neck, right shoulder, and low back. Examination revealed the patient walked with normal gait but stiffness was noted. Tenderness was noted at the right acromioclavicular joint, biceps tendon groove, and superior deltoid. There is positive Hawkins and Neer's test in the right shoulder and positive Tinel's and Phalen's test in the bilateral wrist. The listed diagnoses are: 1. Cervical strain with right radiculitis. 2. Bilateral shoulder strain/shoulder impingement syndrome. 3. Bilateral wrist strain with mild carpal tunnel syndrome. 4. Moderate bilateral ulnar neuropathy at the wrist. 5. Mild radial neuropathy across bilateral wrist. Treatment history includes chiropractic treatment, physical therapy, acupuncture and medications. The current request is for 6 physical therapy sessions and 1 interferential unit. The utilization review denied the request on 10/31/2014. Treatment reports from 03/20/2014 through 10/23/2014 were provided for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy sessions to the cervical spine, lumbar spine, both shoulders, both wrists/forearms to consist of follow up evaluation and treatment which may include individual or a combo of the following: medical clearance, quantitative functional capacity evaluations, home program and work cond: 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:** This patient presents with neck, low back, bilateral shoulders, and bilateral wrist complaints. The current request is for "6 physical therapy sessions to the cervical spine, lumbar spine, both shoulders, both wrist/forearm to consist of follow up evaluation and treatment which may include individual or a combo of the following: Medical clearance, quantitative functional capacity evaluations, home program, and work conditioning." For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia and myositis type symptoms 9 to 10 sessions over 8 weeks. Review of the medical file indicates the patient participated in 8 physical therapy sessions between 05/06/2014 through 09/11/2014. In this case, the requested additional 6 sessions exceeds what is recommended by MTUS. This request is not medically necessary.

**One (1) interferential unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines interferential current stimulation Page(s): 118-120.

**Decision rationale:** This patient presents with neck, low back, bilateral shoulder, and bilateral wrist complaints. The current request is for one (1) interferential unit. 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. In this case, the patient does not meet any of the indications for an interferential unit. Furthermore, MTUS requires a 30-day trial of the unit showing pain and functional benefit before a home unit is allowed. In this case, there is no documentation of a 30 day trial; therefore, the requested IF unit is not medically necessary.