

Case Number:	CM15-0134220		
Date Assigned:	07/22/2015	Date of Injury:	04/10/2015
Decision Date:	08/21/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/10/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey
 Certification(s)/Specialty: Family Practice

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 injured worker is a 56 year old female, who sustained an industrial injury on 4/10/2015. She reported worsening of her mid and low back, right shoulder and bilateral upper extremity residuals secondary to repetitive work activities. Diagnoses have included thoracic spine musculoligamentous sprain-strain, lumbar spine musculoligamentous sprain-strain, right shoulder periscapular strain-impingement, bilateral forearm and wrist flexor and extensor tenosynovitis, bilateral elbow medial epicondylitis, bilateral wrist carpal tunnel syndrome and insomnia-sleep disorder. Treatment to date has included physical therapy and medication. According to the Doctor's First Report of Occupational Injury or Illness dated 5/27/2015, the injured worker complained of mid and low back pain with stiffness. She complained of right shoulder pain with popping and locking. She complained of bilateral elbow, forearm and wrist pain with numbness and tingling to the thumbs, index and middle fingers of both hands. She also complained of difficulty getting asleep and staying asleep. Exam of the thoracic and lumbar spines revealed tenderness to palpation with muscle guarding. Exam of the right shoulder revealed diffuse tenderness to palpation with muscle guarding. There was tenderness to palpation over the medial epicondyles of both elbows. Authorization was requested for consultation with a sleep specialist, a home electrical muscle stimulation unit and chiropractic manipulative therapy with adjunctive physiotherapeutic modalities with rehabilitation exercise 2 times a week for 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation with a sleep specialist: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Guidelines, Chapter 7, page 127.

Decision rationale: The MTUS/ACOEM Guidelines state that referral to a specialist(s) may be warranted if a diagnosis is uncertain, or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise in assessing therapeutic management, determination of medical stability, and permanent residual loss and/or examinee's fitness for return to work, and suggests that an independent assessment from a consultant may be useful in analyzing causation or when prognosis, degree of impairment, or work capacity requires clarification. Referral to a specialist is required when a particular procedure is required in which the specialist is skilled. In the case of this worker, the stated reason for this referral to a sleep specialist was to get advice and help treating insomnia related to the worker's chronic pain. Sleep specialists are pulmonary specialists who look for obstructive sleep apnea and related conditions, and would not be appropriate for addressing chronic pain related insomnia. Also, there was no evidence found in the documentation to suggest this worker might also have obstructive sleep apnea to require this evaluation with a specialist. Therefore, the request for consultation with a sleep specialist is not appropriate and not medically necessary.

Home electrical muscle stimulation unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, TENS, pp. 114-116.

Decision rationale: The MTUS Guidelines for Chronic Pain state that transcutaneous nerve stimulation (TENS) is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a non-invasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, however, the studies on TENS are inconclusive and evidence is lacking concerning effectiveness. The criteria for the use of TENS, according to the MTUS Guidelines, includes 1. Documentation of pain of at least 3 months duration, 2. Evidence that other appropriate pain modalities have been tried and failed, 3. Documentation of other pain treatments during TENS trial, 4. Documented treatment plan including the specific short and long-term goals of treatment with TENS, 5. Documentation of reasoning for use of a 4-lead unit, if a 4-lead unit is prescribed over a 2-lead unit. In the case of this worker, the provider states that during physical therapy, the use of an electrical muscle stimulation device (not specified) seemed to help the worker (not specified), later requesting a home unit of this unidentified muscle stimulation unit. Assuming this was for a TENS unit, there

should be a specific duration of time requested for rental before considering any such unit for purchase, which was implied in the request. Therefore, due to lack of specificity in identifying the unit requested and the lack of trial duration in the request, the request for home electrical muscle stimulation is not medically necessary at this time.

Chiropractic manipulative therapy with adjunctive physiotherapeutic modalities with rehabilitation exercise 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation, pp. 58-60 AND Physical Medicine section, pages 98-99.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines state that for musculoskeletal conditions, manual therapy & manipulation is an option to use for therapeutic care within the limits of a suggested 6 visits over 2 weeks, with evidence of objective functional improvement, and a total of up to 18 visits over 6-8 weeks. It may be considered to include an additional 6 session (beyond the 18) in cases that show continual improvement for a maximum of 24 total sessions. The MTUS Guidelines also suggest that for recurrences or flare-ups of pain after a trial of manual therapy was successfully used, there is a need to re-evaluate treatment success, and if the worker is able to return to work then 1-2 visits every 4-6 months is warranted. Manual therapy & manipulation is recommended for neck and back pain, but is not recommended for the ankle, foot, forearm, wrist, hand, knee, or for carpal tunnel syndrome. Physical therapy in the form of passive therapy chronic pain is recommended by the MTUS Guidelines as an option during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for myalgia/myositis-type pain. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. The worker, in this case, had reportedly completed six sessions of chiropractor/physiotherapy with minimal to no reported benefit found in the notes available for review. Also, considering her main complaint was her wrist and elbow pain, these areas are not approved for manual manipulation. Also, there was no evidence to suggest similar home exercises could not be performed by this worker with the same outcome. Also, the body areas to be treated were not specified in the request. Therefore, without more evidence for appropriateness and effectiveness of continued supervised physiotherapy and manual manipulation, the request is not medically necessary at this time.