

<b>Case Number:</b>	CM15-0138703		
<b>Date Assigned:</b>	07/28/2015	<b>Date of Injury:</b>	05/11/2003
<b>Decision Date:</b>	08/26/2015	<b>UR Denial Date:</b>	07/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/17/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 55 year old female, who sustained an industrial injury on 5/11/03. She reported pain in her neck and bilateral upper extremities. The injured worker was diagnosed as having lateral epicondylitis, low back pain, shoulder pain, muscle spasms, neck pain and myofascial pain. Treatment to date has included physical therapy in 6/2014 with benefit, trigger point injections to the elbow with good relief, Voltaren gel and Lidoderm patch. As of the PR2 dated 6/24/15, the injured worker reports having more left sided elbow pain. Objective findings include a positive Hawkin's and Neer test, painful range of motion in the wrists and tenderness to palpation in the cervical paraspinal region. The treating physician requested physical therapy x 6 sessions for the neck and upper extremities, a TENs unit and trigger point injections to the neck and shoulders.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy x 6 sessions, Neck and Upper extremities:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 2003 and continues to be treated for neck and bilateral upper extremity pain. She was seen for follow-up approximately one year after the last visit. She was having intermittent neck pain with varying upper extremity symptoms and increased left-sided elbow pain. Prior treatment had included physical therapy in June 2014 with benefit and a trigger point injection to the elbow reported as working great and she was requesting that it be repeated. Physical examination findings included a nonantalgic gait. There was shoulder abduction weakness with pain. There was pain with resisted wrist extension and radial deviation and tenderness over the lateral epicondyle. There was positive impingement testing. There was pain over the biceps tendon. There was tenderness in the suprascapular and cervical paraspinal muscles. Authorization for six sessions of physical therapy, a TENS unit, and trigger point injection to the neck shoulders was requested. The claimant is being treated for chronic pain and has not had recent physical therapy. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with that recommended and what might be anticipated in terms of reestablishing or revising the claimant's home exercise program. The request was medically necessary.

**DME TENS unit:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p 114 Page(s): 114.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 2003 and continues to be treated for neck and bilateral upper extremity pain. She was seen for follow-up approximately one year after the last visit. She was having intermittent neck pain with varying upper extremity symptoms and increased left-sided elbow pain. Prior treatment had included physical therapy in June 2014 with benefit and a trigger point injection to the elbow reported as working great and she was requesting that it be repeated. Physical examination findings included a nonantalgic gait. There was shoulder abduction weakness with pain. There was pain with resisted wrist extension and radial deviation and tenderness over the lateral epicondyle. There was positive impingement testing. There was pain over the biceps tendon. There was tenderness in the suprascapular and cervical paraspinal muscles. Authorization for six sessions of physical therapy, a TENS unit, and trigger point injection to the neck shoulders was requested. A one-month home-based trial of TENS may be considered as a noninvasive conservative option. Criteria for the continued use of TENS include documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, there is no documented home-based trial of TENS. Providing a TENS unit was not medically necessary.

**Trigger point injection to the neck and shoulders:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger point injections, 122 Page(s): 122.

**Decision rationale:** The claimant has a remote history of a work injury occurring in May 2003 and continues to be treated for neck and bilateral upper extremity pain. She was seen for follow-up approximately one year after the last visit. She was having intermittent neck pain with varying upper extremity symptoms and increased left-sided elbow pain. Prior treatment had included physical therapy in June 2014 with benefit and a trigger point injection to the elbow reported as working great and she was requesting that it be repeated. Physical examination findings included a nonantalgic gait. There was shoulder abduction weakness with pain. There was pain with resisted wrist extension and radial deviation and tenderness over the lateral epicondyle. There was positive impingement testing. There was pain over the biceps tendon. There was tenderness in the suprascapular and cervical paraspinal muscles. Authorization for six sessions of physical therapy, a TENS unit, and trigger point injection to the neck shoulders was requested. Criteria for a trigger point injection include documentation of the presence of a twitch response as well as referred pain. In this case, the presence of a twitch response with referred pain is not documented and the requested trigger point injection was not medically necessary.