

Case Number:	CM15-0166677		
Date Assigned:	09/04/2015	Date of Injury:	06/12/2014
Decision Date:	10/09/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/25/2015

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: California, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 54 year old male who sustained an industrial injury on 6-12-2014, resulting from cumulative trauma. The injured worker was diagnosed as having lumbar degenerative disc disease, L5-S1 bulging disc and annular tear, tear of the distal supraspinatus, moderate acromioclavicular joint arthropathy and small amount of fluid in the subacromial-subdeltoid bursa, bilateral knee pain and early degenerative joint disease, bilateral moderate carpal tunnel syndrome, lateral tilting of the patella and thinning of the patellar articular cartilage at the apex of the left knee, and tear of the anterior horn of the lateral meniscus (right knee). Treatment to date has included diagnostics, physical therapy, and medications. Currently (7-14-2015), the injured worker complains of persistent low back pain, rated 6 out of 10, left shoulder pain, rated 5 out of 10, bilateral wrist-hand pain, rated 2-3 out of 10 with numbness and weakness, bilateral knee pain, rated 5-6 out of 10, and pain in his bilateral feet, rated 3 out of 10. Pain was made better with therapy, rest, and medications. Norco was used on an as needed basis, reducing pain from 8 out of 10 to 4 out of 10. He was currently doing post-operative physical therapy for the right knee and completed 4 out of 12 sessions. He was not working. Exam of the lumbar spine noted mild paraspinal tenderness. Exam of the bilateral wrists revealed positive carpal tunnel compression and Tinel's tests. There was mild thenar atrophy bilaterally. Exam of the bilateral knees noted mild crepitus with range of motion (0-120 degrees) and tenderness over the bilateral medial and lateral joint lines. Exam of the left shoulder noted positive Hawkin's sign and abduction to forward flexion was 0-110 degrees. The treatment plan included physical therapy for the left shoulder #8 and a 30-day trial of a transcutaneous electrical nerve stimulation unit for the lumbar spine, to increase function and decrease pain. The requests were non-certified by Utilization Review on 7-30-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 PT Sessions Left Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the CA MTUS guideline cited, physical medicine for myalgia is 9-10 visits over 8 weeks, while neuralgia is 8-10 visits over 4 weeks. In all cases, injured workers are instructed and expected to continue active therapies at home to maintain improvement levels. In the case of this injured worker, physical medicine may be a reasonable treatment option for his diagnoses, and the requested 8 visits is within the guidelines and the sessions necessary to reasonably assess functional improvement and compliance. Therefore, the request for physical therapy for 8 sessions for the left shoulder is medically necessary and appropriate.

30 Day Trial TENS Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic), TENS (transcutaneous electrical nerve stimulation).

Decision rationale: According to the cited MTUS, transcutaneous electrical nerve stimulation (TENS) is not recommended as a primary treatment modality. However, it may be used as a noninvasive conservative adjunct for an evidence-based functional restoration program during a one-month home-based TENS trial. Based on criteria for the use of TENS with chronic intractable pain, the injured worker has had documentation of lumbar pain for at least three months. The request for the TENS unit on 7-22-2015 was to increase function and reduce pain; however, on the most recent PR-2 from 8-25-2015, the injured worker's lower back pain was only 3/10 on the visual analog scale and he had not been undergoing a functional restoration program. In addition, according to the Official Disability Guidelines, TENS is not generally recommended for chronic pain as there is strong evidence that it is not more effective than placebo. Therefore, the request for a 30 day TENS (transcutaneous electrical nerve stimulation) trial is not medically necessary or appropriate.