

Case Number:	CM15-0168231		
Date Assigned:	09/08/2015	Date of Injury:	12/14/2012
Decision Date:	10/15/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	08/26/2015

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: Arizona, California
 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 40 year old female, who sustained an industrial injury on December 14, 2012. A review of the medical records indicates that the injured worker is undergoing treatment for right elbow sprain, forearm sprain, and shoulder sprain. Medical records dated from December 18, 2014, to July 30, 2015 indicate ongoing more shoulder pain with pain in the inside of the elbows and wrists. The objective findings from February 12, 2015, to July 30, 2015, note a slight improvement in elbow flexion, with continued tenderness at the medial epicondyles bilaterally and tenderness over the anterior rotator cuff bilaterally. Records also indicate the injured worker continuing to perform daily exercises for her bilateral shoulders, with the Primary Treating Physician's progress report noting the injured worker is currently working, having to push a medicine cart, sometimes uphill. Relevant treatments have included daily right shoulder, elbow, wrist, and hand exercises, local heat prior to exercise with ice afterwards, Tylenol #3, Flector patches that did not provide relief, Lidocaine patches, and Orphenadrine. The physician's request for authorization dated August 11, 2015, shows that 8 sessions of physical therapy 2 times a week for four weeks and indefinite use of a TENS unit were requested. The original Utilization Review dated August 25, 2015, modified the request for physical therapy to 6 sessions with further authorizations requiring objective evidence of derived functional improvement, and denied the request for the TENS unit as there was no documentation of a rehabilitation program, and no report of functional benefit from electrical stimulation under supervision of a licensed physical therapist nor from a TENS home unit use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight sessions of physical therapy: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98 - 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: According to the MTUS guidelines, 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. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant has performed home exercises and undergone massage therapy with limited improvement. The PT would allow more strengthening of the shoulders to perform her job duties. As a result, the request for 8 sessions of PT is medically necessary.

TENS unit for indefinite use: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114 - 121. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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 claimant did not have the above diagnoses. Indefinite use is not indicated. The request for indefinite use of a TENS unit is not medically necessary.