

<b>Case Number:</b>	CM15-0020841		
<b>Date Assigned:</b>	02/10/2015	<b>Date of Injury:</b>	01/01/2004
<b>Decision Date:</b>	04/01/2015	<b>UR Denial Date:</b>	01/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/04/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 62 year old female, who sustained an industrial injury on 1/1/04. The injured worker has complaints of neck pain radiating to the shoulders and upper back and bilateral knee pain. She has tenderness to palpation present over the paravertebral musculature and upper trapezius muscles with associated muscle spasm. Spruling's maneuver elicits increased localized neck pain. Cervical spine X-rays showed slight narrowing at C5-C6, greater than C6-C7 disc spaces, the bilateral knee X-rays are within normal. The diagnoses have included cervical spine musculoligamentous sprain/strain; bilateral shoulder periscapular strain with left-sided impingement and bilateral tendinitis; thoracic spine musculoligamentous sprain/strain and bilateral knee patellofemoral arthralgia. According to the utilization review performed on 1/28/15, the requested Ultram ER 150 mg # 30; Anaprox 550 mg # 60 and Fexmid 7.5 mg # 60 has been certified. The requested Physical therapy visits, quantity 12 has been modified to Physical therapy visits, quantity 6 and the requested Home Electrical Muscle Stimulator has been non-certified. The utilization review noted that there was no documentation of the failed conservative treatment. CA MTUS 2009, Chronic Pain Medical Treatment Guidelines, Physical Medicine Guidelines was used in the utilization review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy visits, quantity 12:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

**Decision rationale:** According to the 12/18/2014 Doctor's first report, the only report provided for review; this patient presents with bilateral knee pain and neck pain that radiate to the shoulder and upper back. The current request is for physical therapy visit, quantity 12. The request for authorization is not provided for review. The patient's work status is "patient able to perform usual work." For physical medicine, MTUS guidelines pages 98, 99 state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Review of the available records shows no therapy reports and there is no discussion regarding the patient's progress. If the patient did not have any recent therapy, a short course of therapy may be reasonable for declined function or a flare-up of symptoms. However, there is no documentation of flare-up or a new injury to warrant formalized therapy. The treater does not discuss the patient's treatment history nor the reasons for requested additional therapy. No discussion is provided as to why the patient is not able to perform the necessary home exercises. MTUS page 8 requires that the treater provide monitoring of the patient's progress and make appropriate recommendations. In addition, the requested 12 sessions exceed what is allowed by MTUS guidelines. MTUS supports 8-10 sessions of physical therapy for this type of myalgia condition. The current request IS NOT medically necessary.

**Home Electrical Muscle Stimulator:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 114.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices) Page(s): 121.

**Decision rationale:** According to the 12/18/2014 Doctor's first report, the only report provided for review; this patient presents with bilateral knee pain and neck pain that radiate to the shoulder and upper back. The current request is for Home Electrical Muscle Stimulator "for management of spasms and pain." The request for authorization is not provided for review. The patient's work status is "patient able to perform usual work." Regarding Neuromuscular electrical stimulation, MTUS does not support neuromuscular stimulator except for stroke rehabilitation. This patient presents with neck pain and pain affecting the knees for which this unit is not indicated. The current request IS NOT medically necessary.