

Case Number:	CM15-0218765		
Date Assigned:	11/10/2015	Date of Injury:	11/14/1988
Decision Date:	12/23/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/06/2015

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: North Carolina

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 49 year old female who sustained an industrial injury on 11-14-88. She is temporarily totally disabled. Medical records indicate that the injured worker has been treated for thoracic discopathy; internal derangement of the right knee; status post right knee arthroscopy with degenerative joint disease; bilateral plantar fasciitis; status post left hip surgery; lumbar discopathy; rule out internal derangement left hip; internal derangement left knee; cervicalgia. She currently (9-14-15) complains of constant cervical and upper back pain with radiation into the upper extremities and a pain level of 6 out of 10; constant bilateral foot pain with a pain level of 4 out of 10; right knee pain with swelling and buckling and a pain level of 8 out of 10; left knee pain (7 out of 10); constant upper and lower back pain with radiation into the lower extremities with a pain level of 6 out of 10; left hip pain (6 out of 10); right elbow pain with numbness and tingling with physical therapy. Documentation indicates that all of the symptoms were unchanged. Physical exam of the cervical spine revealed muscle tenderness and spasm, positive axial loading compression test, positive Spurling's maneuver, limited range of motion; right knee revealed tenderness at right knee joint line, positive patellar compression test, pain with flexion; left knee revealed tenderness, positive patellar grind test, positive McMurray's, crepitus with full range of motion; lumbar spine revealed tenderness, pain with terminal flexion; left hip tenderness, limited range of motion and residual weakness. Treatments to date include 12 sessions of physical therapy (per 9-29-15 note) with a diagnosis of cervicalgia. Her rehabilitation potential was fair. She still has decreased strength and postural stability with soft tissue restrictions causing decreased functional tolerance and pain with activity. The injured worker

would benefit from continued physical therapy to address deficits. Medications: Lexapro, Celebrex. The request for authorization dated 10-6-15 was for 1 transcutaneous electrical nerve stimulator unit; physical therapy 8 sessions for cervical spine and knees. On 10-14-15 Utilization Review non-certified the request for 1 transcutaneous electrical nerve stimulator unit; physical therapy 8 sessions for cervical spine and knees, modified to 4 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

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

Decision rationale: The California chronic pain medical treatment guidelines section on transcutaneous electrical nerve stimulation states: TENS, chronic pain (transcutaneous electrical nerve stimulation) - Not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, for the conditions described below. While TENS may reflect the long-standing accepted standard of care within many medical communities, the results of studies are inconclusive; the published trials do not provide information on the stimulation parameters which are most likely to provide optimum pain relief, nor do they answer questions about long-term effectiveness. (Carroll-Cochrane, 2001) Several published evidence-based assessments of transcutaneous electrical nerve stimulation (TENS) have found that evidence is lacking concerning effectiveness. One problem with current studies is that many only evaluated single-dose treatment, which may not reflect the use of this modality in a clinical setting. Other problems include statistical methodology, small sample size, influence of placebo effect, and difficulty comparing the different outcomes that were measured. This treatment option is recommended as an adjunct to a program of evidence based functional restoration. In addition there must be a 30 day trial with objective measurements of improvement. These criteria have not been met in the review of the provided clinical documentation and the request is not medically necessary.

8 sessions of physical therapy for cervical spine and knees: Upheld

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

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

Decision rationale: The requested amount of physical therapy is in excess of California chronic pain medical treatment guidelines. The patient has already completed a course of physical therapy. There is no objective explanation why the patient would need excess physical therapy and not be transitioned to active self-directed physical medicine. The request is not medically necessary.