

Case Number:	CM15-0040047		
Date Assigned:	03/10/2015	Date of Injury:	01/08/2014
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/03/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39 year old female sustained an industrial injury to the neck and left shoulder on 8/6/14. Previous treatment included physical therapy, medications, heat, magnetic resonance imaging scans and left shoulder surgery. In a PR-2 dated 8/6/14, the injured worker complained of intermittent neck pain and stiffness and right shoulder pain. Physical exam was remarkable for cervical spine with tenderness to palpation at the cervical paraspinals and trapezius with diminished range of motion and muscle guarding and right shoulder with limited range of motion, positive Speed's test, positive impingement and pain upon resisted external rotation. Current diagnoses included cervical sprain/strain, right cervical radiculopathy, right shoulder strain and right shoulder impingement bursitis. The treatment plan included physical therapy twice a week for six weeks, a transcutaneous electrical nerve stimulator unit, moist heat treatments and Ibuprofen 800mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (Cervical Spine), quantity 18: 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.

Decision rationale: According to MTUS guidelines, Physical Medicine is "Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices. (Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007)"There is no documentation of the efficacy and outcome of previous physical therapy sessions. There is no documentation that the patient cannot perform home exercise. Therefore, the request for 18 physical therapy sessions, cervical spine is not medically necessary.

DME: Tens Unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 114-116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percutaneous Electrical Nerve Stimulation Page(s): 97.

Decision rationale: According to MUTUS guidelines, TENS is not recommended as primary treatment modality, but a one month based trial may be considered, if used as an adjunct to a functional restoration program. There is no evidence that a functional restoration program is planned for this patient. Furthermore, there is no clear information about a positive one month trial of TENS. There is no recent documentation of recent flare of the patient's pain. The provider should document how TENS will improve the functional status and the patient's pain condition. Therefore, the prescription of TENS unit is not medically necessary.

Retrospective: 08/006/2014 Ibuprofen 800mg (No quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NONSELECTIVE NSAIDS Page(s): 107.

Decision rationale: According to MTUS guidelines, Chronic Pain Medical Treatment Guidelines chapter, NONSELECTIVE NSAIDS section, Ibuprofen is indicated for pain management of breakthrough of neck or back pain. The medication should be used at the lowest dose and for a short period of time. There is no documentation that the patient developed exacerbation of his pain. There is no documentation that the lowest dose and shortest period is used for this patient. Although the patient developed a chronic pain that may require Ibuprofen, there is no documentation that the provider recommended the lowest dose of Ibuprofen for the shortest period of time. There is no documentation of pain and functional improvement with previous use of Ibuprofen. Therefore, the prescription of retro Ibuprofen 800mg is not medically necessary.