MAXIMUS Federal Services

Case Number:	CM13-0049322		
Date Assigned:	12/27/2013	Date of Injury:	12/01/2005
Decision Date:	05/30/2014	UR Denial Date:	11/05/2013
Priority:	Standard	Application Received:	11/07/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 70 year old with an injury date on 12/1/05. Based on the 2/4/13 progress report provided by [redacted] the diagnoses are: 1. Sciatica. (Onset 4/6/09). 2. Lumbago. 3. Pain in shoulder joint. 4. Myalgia/Myositis. An examination on 10/29/13 showed "right shoulder discomfort, mild decreased range of motion above right shoulder. Hand grip weakness, back sore, tender, no reflex changes in lower extremities. Forward to 75 degrees, extension 30 degrees." Review of the reports does not show any recent history of physical therapy. [redacted] is requesting physical therapy consultation for Transcutaneous Electrical Nerve Stimulation (TENS) unit trial and physical therapy x 2 for TENS unit. The utilization review determination being challenged is dated 11/5/13 and refutes request for physical therapy consultation for TENS unit trial due to lack of documentation detailing recent conservative attempts at symptom management or history of previous TENS unit treatment. [redacted] is the requesting provider, and he provided treatment reports from 2/4/13 to 10/29/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSICAL THERAPY (PT) CONSULT FOR TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) UNIT TRIAL AND PHYSICAL THERAPY (PT) X 2 FOR TENS UNIT: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Treatment for Workers' Compensation (TWC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Chronic Pain Page(s): 98-99, 114-116.

Decision rationale: According to the 10/29/13 report by [redacted], this patient presents with "back pain, worst in right shoulder area and hips. Pain rated 4/10, worse with activities. Difficulty arising from chair, going up and down stairs, pain in groin when lifting." The request is for physical therapy consultation for Transcutaneous Electrical Nerve Stimulation (TENS) unit trial and physical therapy x 2 for TENS unit. On 11/5/12 report, patient has pain in right arm/shoulder while driving, and is still dependent on medications for performance of daily activities. On 8/5/13 report, patient is totally disabled and still unable to return to work. Records do not show any history of recent physical therapy. [redacted] on 10/29/13 report requested "physical therapy consultation for TENS unit trial for pain relief and reduction of meds as able." MTUS guidelines state that for myalgia and myositis, 9-10 visits are recommended over 8 weeks. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Per MTUS guidelines (pg 116), TENS units have not proven efficacy in treating chronic pain and is not recommend as a primary treatment modality, but a one month home based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and Multiple Sclerosis. In this case, the treating physician has asked for physical therapy consultation for TENS unit trial and physical therapy x 2 for TENS unit. Considering patient's lack of response to conservative treatments, and evidence of chronic pain and neuropathy, a consultation for TENS unit is reasonable and within MTUS guidelines. The request is medically necessary and appropriate.