

Case Number:	CM14-0007208		
Date Assigned:	02/07/2014	Date of Injury:	07/17/2006
Decision Date:	06/25/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	01/20/2014

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 Orthopaedic Surgery and is licensed to practice in Mississippi. 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 claimant is a 52-year-old female who was injured on July 17, 2006. The progress note dated December 11, 2013 documents the requests that were denied below. The claimant is documented as presenting with complaints of persistent neck, mid back, bilateral shoulder, and bilateral wrist pain. The claimant states that therapy is not currently being performed and pain has not improved. The physical examination documents diminished range of motion of the cervical spine, normal sensation of both upper extremities, diminished shoulder range of motion bilaterally, positive impingement signs of the shoulders, and acromioclavicular joint tenderness. Empty can test is documented as being positive bilaterally. Diagnoses included rotator cuffs syndrome status post-surgery bilaterally; overuse syndrome of both upper extremities, and flare-up of condition. The clinical documents provided appear to indicate that the last session of physical therapy was for the cervical spine sometime following the April 16, 2013 visit. The utilization review in question was rendered on January 10, 2014. The reviewer non-certified the request for the TENS unit 30day trial and the 6 additional physical therapy visits for the left shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS UNIT) 30 DAY TRIAL: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Transcutaneous Electrotherapy Page(s): 111-114. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , TRANSCUTANEOUS ELECTROTHERAPY, 111-114

Decision rationale: The MTUS notes that a TENS unit may be utilized as an adjunct to an evidence-based functional restoration program. Additionally, the MTUS notes that a treatment plan includes specific short-term and long-term goals of treatment should be submitted with the TENS unit request. Based on clinical documentation provided, these goals were not submitted. As such, the request is considered not medically necessary.

6 ADDITIONAL PHYSICAL THERAPY SESSIONS FOR THE LEFT SHOULDER TWICE A WEEK FOR 3 WEEKS: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PHYSICAL MEDICINE, 98-99

Decision rationale: The MTUS supports the use of physical therapy in the management of chronic pain and supports up to 8 visits for the management and myositis. Based on clinical documentation provided, the claimant continued to have pain and signs of impingement on examination. It does not appear that the claimant has recently undergone any physical therapy. As such, the request is considered medically necessary.