

Case Number:	CM14-0116799		
Date Assigned:	09/16/2014	Date of Injury:	10/20/2000
Decision Date:	10/20/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/25/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of October 20, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the course of the claim; transfer of care to and from various providers in various specialties; adjuvant medications; and extensive periods of time off of work. In a Utilization Review Report dated July 15, 2014, the claims administrator denied a request for 36 units of therapeutic exercise, denied a request for 12 sessions of soft tissue mobilization, denied a request for 12 units of ultrasound, denied a request for 12 units of electrical stimulation, denied a request for 12 units of hot and cold pack application. The applicant's attorney subsequently appealed. In handwritten physical therapy notes dated June 23, 2014, June 6, 2014, and July 7, 2014, the applicant apparently received various physical therapy modalities, including therapeutic ultrasound application, manual therapy, application of hot and cold packs, and electrical stimulation. The notes were very difficult to follow and not entirely legible. Additional physical therapy treatments were apparently sought. The applicant's work status was not provided. In a Medical-legal Evaluation dated July 2, 2014, the applicant presented with complaints of neck pain, headaches, TMJ, mid back pain, and rib pain. The applicant was reportedly still smoking, albeit at a reduced rate, it was stated. The applicant was also drinking. The applicant was not using any medications, however, it was stated. The applicant was quite permanent and stationary. Permanent work restrictions were imposed. It was stated that the applicant would ultimately need a total hip arthroplasty. The medical-legal evaluator suggested that the applicant would need 24 sessions of physical therapy for the shoulder. In an August 22, 2014 progress note, the applicant was given prescriptions for Lidoderm patches and Menthoderm cream. Pain management consultation was endorsed, along with a trial of a transcutaneous electrical nerve

stimulation (TENS) unit. Multifocal pain complaints with derivative allegations of depression and insomnia were also noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

36 Units of therapeutic exercises: Upheld

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

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

Decision rationale: The 36 sessions of treatment proposed, in and of itself, represent treatment well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and myositis of various body parts, the issue reportedly present here. No compelling rationale for treatment this far in excess of MTUS parameters was proffered by the attending provider. It is further noted page 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that there must be demonstration of functional improvement at various milestones in the treatment program in order to justify continued treatment. In this case, the applicant has had unspecified amounts of physical therapy over the course of the claim, including as recently as June and July 2014. The applicant has, however, failed to demonstrate any lasting benefit or functional improvement through the same. The applicant is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit, suggesting a lack of functional improvement as defined in MTUS Guideline despite earlier physical therapy in unspecified amounts over the course of the claim. Therefore, the request for additional physical therapy is not medically necessary.

12 units of mobilization/soft tissue: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy/Myotherapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Physical Medicine Page(s): 60, 98.

Decision rationale: Soft tissue mobilization appears to represent a form of massage therapy. The 12 sessions of treatment proposed, however, represent treatment in excess of the four to six sessions of massage therapy recommended on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. It is further noted that page 60 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that massage therapy should be employed only as an adjunct to other recommended treatments, such as exercise, and that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines also states that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. The request, as written, thus,

runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.

12 Units of ultrasound:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ultrasound, Therapeutic for Chronic Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Physical Medicine Page(s): 123, 98.

Decision rationale: As noted on page 123 of the MTUS Chronic Pain Medical Treatment Guidelines, therapeutic ultrasound, the modality at issue, is "not recommended" during the chronic pain phase of a claim. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that passive therapies and passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of the claim. In this case the request for ultrasound therapy in conjunction with several other passive modalities, including hot and cold pack application, electrical stimulation, soft tissue mobilization, etc., thus, runs counter to MTUS parameters and principles. Therefore, the request is not medically necessary.

12 units of electrical stimulation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS, Chronic Pain (Transcutaneous Electrical Stimulation). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: As noted on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines, passive modalities such as electrical stimulation should be employed "sparingly" during the chronic pain phase of a claim. The request for electrical stimulation in conjunction with several other passive modalities, including soft tissue mobilization, ultrasound, hot and cold pack applications, etc., runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.

12 units of hot/cold pack: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 300, at-home local application of heat and cold are as effective as those performed by therapist.

The request for hot and cold pack application to be delivered by a therapist, thus, runs counter to ACOEM parameters and principles. Therefore, the request is not medically necessary.