MAXIMUS Federal Services

Case Number:	CM14-0119946		
Date Assigned:	09/10/2014	Date of Injury:	08/22/2011
Decision Date:	10/10/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/23/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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:

This employee is a 60 year old female with date of injury of 8/22/2011. A review of the medical records indicate that the patient is undergoing treatment for left ankle is swollen; pain in the neck and wrists bilaterally. Subjective complaints include continued and constant neck pain; and tingling sensation down to her fingers; L shoulder pain. Objective findings include neck and left shoulder decreased range of motion; mild edema medial and anterior to the left knee; decreased range of motion of bilateral ankles and knees. Treatment has included Physical therapy, Norco, Norflex, Benzepril, and Biofreeze. The utilization review dated 4/25/2014 non-certified physical therapy sessions and an H-wave unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Physical therapy 2 x3 for left ankle, left hsoulder and right hand/wrist: 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 Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg (Acute & Chronic), Physical Therapy, ODG Preface - Physical Therapy

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy and recommends as follows: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. Regarding physical therapy, ODG states Patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy); & (6) When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. Exercises are being carried out at home; there is evidence of functional restoration during physical therapy. The 2 sessions for 3 weeks is in accordance with the tapering. Therefore, the request for 2 sessions of PT/week for 3 weeks is medically necessary.

H Wave unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H wave stimulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation Page(s): 117.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines, H-wave stimulation (HWT) is not recommended as an isolated intervention, but a one-month home-based trial of HWave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy and medications, plus transcutaneous electrical nerve stimulation (TENS). The one-month HWT trial may be appropriate to permit the physician and provider licensed to provide physical therapy to study the effects and benefits, and it should be documented (as an adjunct to ongoing treatment modalities within a functional restoration approach) as to how often the unit was used, as well as outcomes in terms of pain relief and function. Rental would be preferred over purchase during this trial. Trial periods of more than one month should be justified by documentation submitted for review. The employee has diabetic neuropathic pain. Medical documentation shows failure of conservative therapy, including physical therapy and medications and the TENS unit as well. Also, there is evidence that the employee would be using the H-wave with a home exercise and stretching program. Therefore, a 1 month rental for H Wave unit is medically necessary.