

<b>Case Number:</b>	CM14-0137196		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	08/14/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/25/2014

### 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 Physical Medicine & Rehabilitation, 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 52 year old female with an injury date of 11/01/13. Based on the 08/07/14 progress report provided by [REDACTED], the patient has neck and upper back pain radiating to bilateral arms and right shoulder pain. Physical exam reveals pain and spasm to C5-T2 with slight decrease in neck lateral bending and right shoulder internal rotation. As of progress report dated 08/07/14, patient has completed 16 physical therapy sessions with excellent results, and is happy with progress. She is compliant with home exercises and can't take meds due to many allergies. Diagnosis 08/07/14: cervicothoracic sprain/strain with radicular features, postural imbalances and weakness bilateral shoulder sprain/strain with radicular features, postural imbalances and weakness. [REDACTED] is requesting 1. Additional PT 2x4 :2 2. 30 day trial of Art Interferential Stimulation. The utilization review determination being challenged is dated 08/14/14. The rationale follows: 1. additional PT 2x4: request exceeds what is allowed per MTUS. Per case notes, patient already completed 28 sessions. 2. 30 day trial of Art Interferential Stimulation: no indication of failure of other measures, such as TENS, and lack of evidence proving IFC effective. [REDACTED] is the requesting provider, and he has provided treatment reports from 03/13/14 08/07/14. Rationale: Additional PT 2x4: Patient presents with cervicothoracic and bilateral shoulder sprain/strain with radicular features. The request is for Additional PT 2x4 2: MTUS pages 98, 99 has the following Physical Medicine Guidelines: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." Per progress report dated 08/07/14, patient has completed 16 physical therapy

sessions. The request exceeds what is allowed by MTUS guidelines. Recommendation is for denial.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional Physical Therapy 2 times per week for 4 weeks:** Upheld

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

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

**Decision rationale:** Patient presents with cervicothoracic and bilateral shoulder sprain/strain with radicular features. The request is for Additional PT 2x4: CA MTUS pages 98, 99 has the following Physical Medicine Guidelines: "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks." Per progress report dated 08/07/14, patient has completed 16 physical therapy sessions. The request exceeds what is allowed by MTUS guidelines. The request is not medically necessary.

**30 day trial of ART Interferential Stimulation:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS) Page(s): 118-120.

**Decision rationale:** Patient presents with cervicothoracic and bilateral shoulder sprain/strain with radicular features. The request is for 30 day trial of Art Interferential Stimulation. MTUS states with regards to Interferential Current Stimulation (ICS)(p118-120): " Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.). If those criteria are met, then a one-month trial may be appropriate to permit the physician and physical medicine provider to study the effects and benefits. There should be evidence of increased functional improvement, less reported pain and evidence of medication reduction alone or with the help of another available person. "Per progress report dated 08/07/14, patient is compliant with home exercises and can't take meds due to many allergies. The patient has failed

conservative care with persistent pain. Trial of IF unit appears reasonable. The request is medically necessary.