

Case Number:	CM14-0145479		
Date Assigned:	09/12/2014	Date of Injury:	08/05/2003
Decision Date:	10/30/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 and 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 53 year old male with date of injury 8/5/03. The treating physician report dated 8/12/14 indicates that the patient presents with increasing pain affecting the shoulders and persistent lower back pain that has increased since April 2014. Pain levels are rated an 8/10. The physical examination findings reveal lumbar ranges of motion are decreased 20%, left shoulder FF 80, EX 15, ABD 50, ADD 10, ER 40, IR 20, Right shoulder FF 100, EX 10, ABD 100, ADD 5, IR 40 and ER 60. The current diagnoses are: 1. Lumbar Disc Disease 2. Bilateral Shoulder Impingement S/P bilateral arthroscopy 2005 3. Right knee arthroscopy 2008 The utilization review report dated 8/20/14 denied the request for TENS pads, Open MRI of the bilateral shoulders and aquatic physical therapy 12 visits for the lower back based on ACOEM and MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit pads: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS (transcutaneous electrical nerve stimulation).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS
Page(s): 114-116.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine and bilateral shoulders. The current request is for TENS unit pads. The treating physician report dated 8/12/14 does not discuss that the patient is currently using a TENS unit or the benefits derived from a TENS unit. The treater states, "TENS unit Pads (for GEMS-TENS) unit types." The MTUS guidelines support the usage of a TENS unit for the treatment of chronic intractable pain caused by neuropathic pain, diabetic neuropathy, CRPS II, Spinal cord injury and MS. MTUS page 8 requires the ongoing monitoring of treatment and continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. In this case the treating physician has failed to document any ongoing monitoring of the patient's use of a TENS unit and has not shown any functional benefit from usage. The ongoing need for replacement pads is not justified if there is no documentation that the TENS unit is medically necessary and provides functional benefit for the patient. This request is not medically necessary.

Open MRI of the bilateral shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 209.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Online Shoulder Chapter

Decision rationale: The patient presents with chronic pain affecting the lumbar spine and bilateral shoulders. The current request is for Open MRI of the bilateral shoulders. The treating physician report dated 8/12/14 states, "Open MRI of bilateral shoulders to assess arthropathy (patient is obese and needs open MRI)." The treater has documented that the patient's shoulder pain bilaterally has been worsening and ranges of motion are moderately restricted bilaterally. The ODG guidelines recommend shoulder MRI for acute trauma when there is suspicion of rotator cuff tear/impingement; over age 40; normal plain radiographs. Or for subacute shoulder pain with suspect instability/labral tear. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case there is no documentation of prior MRI only that surgery was performed in 2005. In looking at the prior examinations performed the limited shoulder ranges of motion has remained the same since 2/19/14. There is no history of any new trauma reported, only that the patient is dealing with increased pain. The guidelines state that MRI is warranted for significant change and there are no red flags reported that would indicate that bilateral shoulder MRI is required at this time to assess arthropathy, as the treater has indicated. This request is not medically necessary.

Aquatic physical therapy x12 visits for the low back area: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy and physical medicine Page(s): 22, 98-99.

Decision rationale: The patient presents with chronic pain affecting the lumbar spine and bilateral shoulders. The current request is for Aquatic physical therapy x12 visits for the low back area. The treating physician report dated 8/12/14 states, "Last ESI in 4/2014 was of benefit, however low back pain has increased since April of this year. Aquatic PT has been of benefit in the past to alleviate low back pain. 12 visits of Aquatic PT for flaring low back pain." The MTUS Guidelines support aquatic therapy as a form of physical therapy for patients with extreme obesity or for patients that would benefit from exercises with reduced weight-bearing. The treater in this case states that the patient is obese but does not discuss why reduced weight bearing exercises are medically necessary. MTUS supports 8-10 physical therapy sessions for myalgia/neuritis type conditions. The current request is not supported as the 12 sessions are beyond the guideline recommendations. This request is not medically necessary.