

<b>Case Number:</b>	CM14-0160289		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	01/04/1997
<b>Decision Date:</b>	11/06/2014	<b>UR Denial Date:</b>	09/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 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 injured worker is a 58-year-old female who reported an injury of unspecified mechanism on 01/04/1997. On 07/29/2014, her diagnostic impressions included exacerbated cervical pain, exacerbated lumbar pain, and history of SLE. Her complaints included exacerbation of neck and low back pain. She received partial relief from her medication and from a TENS unit. Her cervical spine was noted to have limited range of motion and tenderness and spasms. Treatment plan recommendations included a course of physical therapy for 10 sessions and TENS unit supplies. The rationale for the TENS unit supplies was that she had not been able to use her TENS unit due to lack of adequate supplies. There was no Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physiotherapy; ten (10) Sessions (2x5): Upheld**

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

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

**Decision rationale:** The request for Physiotherapy (10) sessions (2x5) is not medically necessary. The California MTUS Guidelines recommend active therapy as indicated for restoring flexibility, strength, endurance, function, range of motion, and to alleviate discomfort. The recommended schedule for myalgia and myositis unspecified is 9 to 10 visits over 8 weeks. The 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 UI physical medicine. The original injury occurred 17 years ago. There was no documentation submitted of previous treatments with physical therapy. There was no indication that this worker was participating in a home exercise program. The 10 sessions over 5 weeks exceed the recommendations of 9 visits to 10 visits over 8 weeks. Additionally, the body part or parts that were to have been treated were not identified in the request. Therefore, this request for Physiotherapy (10) sessions (2x5) is not medically necessary.

**TENS Unit Supplies:** 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 (Transcutaneous Electrical Nerve Stimulation) Page(s): 114-116.

**Decision rationale:** The request for TENS Unit supplies is not medically necessary. The California MTUS Guidelines recommend a TENS unit as an adjunct to a program of evidence based functional restoration for chronic neuropathic pain. The clinical records submitted for review failed to provide documentation of objective functional improvement that was received and/or an objective decrease in pain that was a benefit of the TENS unit, nor on what part of the body the unit was to be utilized. Also, the request as submitted failed to indicate the quantity of TENS unit supplies and the supplies being requested. Given the above, this request for TENS Unit supplies is not medically necessary.