MAXIMUS Federal Services

Case Number:	CM14-0161229		
Date Assigned:	10/06/2014	Date of Injury:	01/05/2010
Decision Date:	10/31/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/01/2014

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 Pain 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:

This is a male patient with a date of injury of January 5, 2010. A utilization review determination dated September 18, 2014 recommends noncertification of physical therapy x 10 sessions for the right shoulder to include Mc Connell taping and iontophoresis, laser treatment x1 15 watt x 10 min, and isometheptene. A progress note dated September 10, 2014 identifies subjective complaints of overall doing better, the patient thinks acupuncture helped and is willing to try again, the patient has not tried laser, the patient's pain level is a 4/10, he has constant pain, the patient is frustrated, the patient states that he is really trying to guard his right shoulder and that it gives him a lot of pain, the patient has not had any physical therapy in some time, the patient would like to try physical therapy again especially the taping techniques, and the patient has a TENS unit which seems to provide him with some relief. Physical examination identifies deep tendon reflexes are 2/4 in both upper and lower extremities, pain with right shoulder range of motion, positive right shoulder impingement, pain at the right clavicle, and the patient appears to be guarding the right side. The diagnoses include history of cervical spine pain, on the job injury, history of pain disorder, cervical disc disease, right shoulder rotator cuff tendinitis, and history of chronic pain. The treatment plan identifies that the patient had laser 15 W for 10 minutes and acupuncture for 30 minutes without electrical stimulation. The treatment plan also recommends authorization for isometheptene for his headaches, and a request for authorization for physical therapy for 10 sessions for the right shoulder to include Mc Connell taping and iontophoresis. An MRI of the right shoulder done on August 11, 2014 identifies superolateral humeral head bone marrow edema and posterior supraspinatus tendinosis, findings suggesting internal impingement syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

(10) Physical Therapy sessions for the right shoulder to include McConnell taping and Iontophoresis: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter, Iontophoresis; Physical Therapy

Decision rationale: Regarding the request for physical therapy x 10 sessions for the right shoulder to include McConnell taping and iontophoresis, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. With regard to iontophoresis, California MTUS and ACOEM do not contain criteria for the use of this modality in the treatment of the shoulder. ODG states that iontophoresis is not recommended. They go on to state that there is no evidence showing effectiveness for this modality in the treatment of any shoulder conditions. The request would be acceptable if not for the request for iontophoresis, and unfortunately there is no provision to modify the request. As such, the current request for physical therapy x 10 sessions for the right shoulder to include McConnell taping and iontophoresis is not medically necessary.

(1) Laser treatment - 15 watts x 10 min:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Low Level Laser Therapy

Decision rationale: Regarding the request for laser treatment x 1 15 watts x 10 mins, ODG states that low-level lasers are not recommended. There has been interest in using low-level lasers as a conservative alternative to treat pain. Low-level lasers, also known as "cold lasers" and non-thermal lasers, refer to the use of red-beam or near-infrared lasers with a wavelength between 600 and 1000 nm and Watts from 5-500 milliwatts. (In contrast, lasers used in surgery typically use 300 Watts.) As such, the current request for laser treatment x 1 15 watts x 10 mins is not medically necessary.

Unknown prescription of Isometheptene: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter, Triptans http://ihs-classification.org/en/02_klassifikation/02_teil1/01.01.00_migraine.html

Decision rationale: Regarding the request for isometheptene, California MTUS does not contain criteria regarding the use of isometheptene. ODG does not address isometheptene. The International Headache Society contains criteria for the diagnosis of migraine headaches. Within the documentation available for review, there is no indication that the patient has met the criteria for the diagnosis of migraine headaches. Additionally, there is no documentation indicating how often headaches occur, or of failure of conservative managment. As such, the currently requested isometheptene is not medically necessary.