

Case Number:	CM14-0212858		
Date Assigned:	12/30/2014	Date of Injury:	09/26/2006
Decision Date:	03/05/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 48-year-old female with a date of injury of 9/26/2006. The earliest progress report provided for my review is dated 10/07/2014. According to this report, the patient presents with Right knee, left ankle, neck, back, shoulder, and hand pain. Examination finding notes neck stiffness and muscle aches. The Patient reports shoulder numbness, tingling and throbbing pain. There is tenderness to the cervical and lumbar spine and painful range of motion noted. The utilization review discusses a progress report dated 11/13/2014 which was not provided for my review. According to this report, the patient complains of neck and low back pain with tightness and spasm. Examination revealed tenderness in the cervical and lumbar spine and paraspinal musculature. Range of motions was irritated and painful. Straight leg raise was positive bilaterally. There was joint line tenderness in the right knee and positive patellar compression test. The listed diagnoses are: 1. Status post right knee arthroscopic surgery. 2. Internal derangement, left knee/foot. 3. Cervical spine radiculopathy. 4. Left ankle ATLF. Treatment plan is for patient to continue with medications which includes Norco 10/325 mg, Prilosec 20 mg, and Lidoderm patches. The patient is to remain off work until 11/18/2014. Treatment plan included chiropractic treatment 2 times a week for 6 weeks and a TENS unit purchase. The utilization review denied the request on 12/05/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, twice a week for six weeks: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy Page(s): 59.

Decision rationale: This patient presents with complaints of pain in multiple body parts including neck, back, ankle, knee, and shoulder. The current request is for chiropractic treatment twice a week for 6 weeks. The utilization review modified the certification from the requested 12 treatments to a trial of 6. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." The medical records indicate the patient has participated in physical therapy treatment in the past, but there is no indication the patient has tried chiropractic treatments. Given the patient's continued pain and decreased range of motion, an initial trial of 12 visits is supported by the MTUS guidelines. The treating physician's request for 12 initial treatments IS medically necessary.

TENS unit (purchase): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transectaneous Electrical Nerve Stimulation (TENS).

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

Decision rationale: This patient presents with complaints of pain and multiple body parts including the neck, back, ankle, knee, and shoulder. The current request is for TENS unit (purchase). The utilization review states that prior review within the past 8 months certified a 30-day TENS trial. Per MTUS Guidelines page 116, TENS unit have not proven efficacy in treating chronic pain, and it is not recommended as a primer treatment modality, but a 1-month home-based trial may be considered for specific diagnosis of neuropathy, CRPS, spasticity, phantom limb pain, and multiple scoliosis. When a TENS unit is indicated, a 30-day home trial is recommended, and with documentation of functional improvement, additional usage may be indicated. As indicated in the utilization review letter, the patient has been certified for 30 days TENS trial. In this case, there is no documentation regarding frequency of use, magnitude of pain reduction, and functional changes with prior use of TENS unit. MTUS allows for extended use of the unit when there is documentation of functional improvement. The requested TENS unit purchase is not medically necessary.