

Case Number:	CM15-0012825		
Date Assigned:	01/30/2015	Date of Injury:	01/14/2011
Decision Date:	03/19/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/22/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 50 year old male injured worker suffered an industrial injury on 1/14/2011. The diagnoses were rotator cuff tear, severe AC joint arthropathy, chronic low back pain, lumbar disc herniation, arthritis of the right elbow and right ulnar neuritis. The diagnostic studies were magnetic resonance imaging of the lumbar spine, left shoulder, x-rays of the right shoulder, computerized tomography of the right elbow. The treatments were right elbow release surgery, physical therapy, arthroscopies to shoulders, epidural steroid injections, physical therapy, ice and rest. The treating provider reported moderate to severe pain in low back, left shoulder, right shoulder and right elbow with tenderness noted. The Utilization Review Determination on 1/12/2015 non-certified: 1. Physical therapy for the right elbow 2x6 citing MTUS2. Acupuncture for the low back 2x3 citing MTUS 3.TENS unit, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the right elbow, 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine. Decision based on Non-MTUS Citation Elbow section, Physical therapy

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, physical therapy 2 to 3 times per week for 6 to 8 weeks is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are chronic low back pain; status post right elbow release of contracture and ulnar transposition; lumbar disc herniation; this three shoulder surgeries; arthritis right elbow; history of arthroscopic shoulder surgery; and right ulnar neuritis. The record reflects, on September 26, 2014, the injured worker underwent right elbow release of contracture and ulnar transposition. The medical record contains 16 pages. There is a single progress note in the medical record dated October 21, 2014. The record reflects the injured worker had 12 prior physical therapy sessions. However, the documentation does not contain physical therapy progress notes evidencing objective functional improvement. The injured worker is on a home exercise program. The guidelines state when treatment duration and/or number of visits exceeded the guideline, exceptional factors should be noted. The documentation does not contain evidence of compelling clinical facts to support additional physical therapy. Consequently, absent compelling clinical documentation with objective functional improvement of prior physical therapy, physical therapy 2 to 3 times per week for 6 to 8 weeks is not medically necessary.

Acupuncture for the low back, 2 times a week for 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Low back section, Acupuncture

Decision rationale: Pursuant to the Acupuncture Medical Treatment Guidelines and Official Disability Guidelines, acupuncture to the low back two times per week times three weeks is not medically necessary. Acupuncture is recommended as an option for some conditions using a short course in conjunction with other interventions. Acupuncture to the lower back is not recommended for acute low back pain but recommended as an option for chronic low back pain using a short course of treatment in conjunction with other active interventions. The Official Disability Acupuncture guidelines recommend 3 to 4 visits over two weeks for the initial trial; with evidence of reduced pain, medication use and objective functional improvement, a total of up to 8 to 12 visits over 4 to 6 weeks. The evidence is inconclusive for repeating this procedure beyond an initial short course of therapy. In this case, the injured worker's working diagnoses are chronic low back pain; status post right elbow release of contracture and ulnar transposition; lumbar disc herniation; this three shoulder surgeries; arthritis right elbow; history of arthroscopic shoulder surgery; and right ulnar neuritis. The record reflects, on September 26, 2014, the injured worker underwent right elbow release of contracture and ulnar transposition. The medical record contains 16 pages. There is a single progress note in the medical record dated October 21, 2014.

The injured worker stated (to the treating physician) he wanted to "try acupuncture". The documentation does not contain any clinical indication or/ clinical rationale for acupuncture. Additionally, the treating physician requested six sessions of acupuncture as an initial treatment. The guidelines recommend 3 to 4 sessions and with evidence of objective functional improvement total of 8 to 12 visits may be indicated. Consequently, absent clinical documentation to support acupuncture other than the injured worker's request to "try acupuncture" along with a request (6 sessions) in excess of the recommended guidelines of 3 to 4 sessions, acupuncture to the low back two times per week times three weeks is not medically necessary.

TENS unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of TENS Page(s): 116.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS unit Page(s): 116. Decision based on Non-MTUS Citation Pain section, TENS unit

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit is not medically necessary. TENS is not recommended as a primary treatment modality, but a one-month home-based trial may be considered as a noninvasive conservative option, if used as an adjunct to a program of evidence-based functional restoration, including reductions in medication use. The Official Disability Guidelines enumerate the criteria for the use of TENS. The criteria include, but are not limited to, a one month trial period of the TENS trial; there is evidence that appropriate pain modalities have been tried and failed; other ongoing pain treatment should be documented during the trial. Including medication usage; specific short and long-term goals should be submitted; etc. See the guidelines for additional details. In this case, the injured worker's working diagnoses are chronic low back pain; status post right elbow release of contracture and ulnar transposition; lumbar disc herniation; this three shoulder surgeries; arthritis right elbow; history of arthroscopic shoulder surgery; and right ulnar neuritis. The record reflects, on September 26, 2014, the injured worker underwent right elbow release of contracture and ulnar transposition. The medical record contains 16 pages. There is a single progress note in the medical record dated October 21, 2014. The documentation does not contain evidence of a one month TENS trial. Additionally, the record does not indicate what anatomical region (elbow versus low back) is to be addressed/treated. TENS is not indicated for elbow pain. Consequently, absent clinical documentation containing a TENS one month trial and anatomical areas to be treated, TENS unit is not medically necessary.