

Case Number:	CM15-0114473		
Date Assigned:	09/02/2015	Date of Injury:	07/21/2013
Decision Date:	10/05/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/15/2015

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 injured worker is a 34 year old female who sustained an industrial injury on 7-21-13. The pain management report, dated 6-22-15, indicates that the injured worker sustained her industrial injury due to a fall. She was referred to the emergency department, where she complained of right knee pain. An x-ray was taken, showing minimal degenerative changes of the knee, as well as "evidence of possible hematoma in the quadriceps, but no suprapatellar fracture". She was prescribed Norco. On 7-22-13, she presented to the occupational health provider for follow-up. She complained of right knee and low back pain. She reported that she was having difficulty sleeping secondary to the pain. She was referred for physical therapy. She presented to the emergency department on 8-3-13 due to "worsening back pain". An x-ray of her lumbar spine was taken and found to be "negative". She was prescribed Lidoderm patches and Naprosyn. At the occupational health provider office follow-up, she complained of pain in her neck and left shoulder, as well as her continued knee and back pain. She underwent an MRI of the knee on 9-8-13, showing "edema in Hoffa's fat pad". She underwent an MRI of the lumbar spine on 9-26-13, which was "normal". She was referred to orthopedics, who noted her request for a pain management referral. Pain management evaluated her on 11-13-13. She was diagnosed with status-post contusion of the right knee, chronic lumbosacral sprain, chronic cervical and thoracic strain, and left cervicobrachial syndrome. She was referred to a functional restoration program. She completed the program in March 2014. On 5-28-15, she was noted to complain chronic pain of "multiple body parts". She completed physical therapy, which she noted to be "beneficial" in improving function and decreasing pain. The report indicates that more physical therapy was

recommended. The authorization was pending. She underwent an MRI of the left shoulder and a nerve conduction test, as well as an MRI of her right knee. She reported that she was unaware of the results of these tests. She also underwent a psychological evaluation and was recommended to "continue with cognitive behavioral therapy". She was noted to have "failed coping mechanisms and complaints of depression". She reported occasional suicidal thoughts, but denied a plan. Her diagnoses included cervicobrachial syndrome, lumbar regions sprain and strain, pain in joint - lower leg, thoracic region sprain and strain, sprains and strains of the neck, and long-term use of medications. The treatment recommendations included additional physical therapy, including therapy to both shoulders. The injured worker reported that her pain and muscle tension was decreased with use of a TENS unit when she was undergoing physical therapy. A TENS unit was requested for authorization.

IMR ISSUES, DECISIONS AND RATIONALES

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

TENS unit & supplies x 30 day trial (rental or purchase): Upheld

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

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

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, TENS unit and supplies 30 day trial (rental or purchase) 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 should be documented with documentation of how often the unit was used as well as outcomes in terms of pain relief and function; 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. TENS to the shoulder is recommended for post stroke rehabilitation. In this case, the injured worker's working diagnoses are cervicobrachial syndrome; sprain strain of lumbar; pain in joint lower leg; sprain strain thoracic; and sprain strain of neck. Date of injury is July 21, 2013. Request for authorization is June 9, 2015. According to a progress note dated April 28, 2015, the injured worker received benefits from prior physical therapy. The injured worker completed a functional restoration program. The injured worker completed five out of six physical therapy sessions. The treating provider requested the physical therapy progress notes. The injured worker has used a TENS unit in physical therapy with a beneficial effect. The treating provider however, documents TENS is to be used for the shoulder. TENS to the shoulder is recommended for post stroke rehabilitation. There is no documentation of post stroke rehabilitation. There is no clinical indication or rationale for TENS to the shoulder. Additionally,

a TENS 30 day trial would involve a rental, not a purchase. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, a request for TENS to the shoulder (guidelines recommend posts rehabilitation) and a 30 day trial request or rental or purchase, TENS unit and supplies 30 day trial (rental or purchase) is not medically necessary.

Continued Physical Therapy 1x6 (lumbar and left shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Worker's Compensation (ODG-TWC): Low Back and Shoulder Procedure Summaries-Online versions.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back section, Physical therapy, Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, continue physical therapy one time per week times six weeks (lumbar spine and left shoulder) is not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical committee therapy). When treatment duration and/or number of visits exceed the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are cervicobrachial syndrome; sprain strain of lumbar; pain in joint lower leg; sprain strain thoracic; and sprain strain of neck. Date of injury is July 21, 2013. Request for authorization is June 9, 2015. According to a progress note dated April 28, 2015, the injured worker received benefits from prior physical therapy. The injured worker completed a functional restoration program. The injured worker completed five out of six physical therapy sessions. The treating provider requested the physical therapy progress notes. The treating provider has not reviewed physical therapy progress notes. There is no documentation demonstrating objective functional improvement. The total number of physical therapy sessions to date (including those received during the functional restoration program) is not specified. Additionally, there are no compelling clinical facts indicating additional physical therapy over the recommended guidelines is clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no recent physical therapy progress notes reviewed by the treating provider and no compelling clinical facts indicating additional physical therapy is warranted, continued physical therapy one time per week times six weeks (lumbar spine and left shoulder) is not medically necessary.