

Case Number:	CM15-0118133		
Date Assigned:	06/26/2015	Date of Injury:	04/27/2009
Decision Date:	07/27/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/18/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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:

This 49-year-old female sustained an industrial injury to bilateral upper extremities on 4/27/09 via cumulative trauma. Previous treatment included chiropractic therapy and medications. The number of previous chiropractic therapy sessions was unclear. Documentation did not disclose recent magnetic resonance imaging. In a PR-2 dated 5/21/15, the injured worker reported a recent flare up of symptoms after holding textbooks in her left arm when she felt a shooting pain in the left upper extremity to the neck. The injured worker also complained of chronic pain in the forearms, elbows and left thumb that was worse in the last few months. The injured worker had acid reflux from medications. Physical exam was remarkable for spasms to bilateral wrist extensors with increased pain over the lateral epicondyles, intact range of motion and normal neurologic exam. Current diagnoses included overuse syndrome status post sprain/strain of bilateral elbows and forearms, shoulder sprain/strain and neck sprain/strain. The physician noted that the injured worker received chiropractic therapy one year ago with good response. The treatment plan included chiropractic therapy twice a week for three weeks and a 30-day trial of A.R.T. interferential stimulation unit due to drug intolerance.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic visits for neck, shoulder, elbow/forearms quantity 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, Manual therapy & manipulation "Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion." Based on the patient's records, there is no functional deficits documented that could not be addressed with home exercise program. In addition, prior chiropractic sessions have been completed without significant and objective pain and functional improvement of her symptoms. Therefore, the request for 6 Chiropractic visits for the neck, shoulder, elbow/forearms is not medically necessary.

A.R.T. Interferential Stimulator 30 day trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation Page(s): 118-119.

Decision rationale: According to MTUS guidelines, "Interferential Current Stimulation (ICS). Not recommended as an isolated intervention. There is no quality evidence of effectiveness except in conjunction with recommended treatments, including return to work, exercise and medications, and limited evidence of improvement on those recommended treatments alone. The randomized trials that have evaluated the effectiveness of this treatment have included studies for back pain, jaw pain, soft tissue shoulder pain, cervical neck pain and post-operative knee pain. (Van der Heijden, 1999) (Werner, 1999) (Hurley, 2001) (Hou, 2002) (Jarit, 2003) (Hurley, 2004) (CTAF, 2005) (Burch, 2008) The findings from these trials were either negative or non-interpretable for recommendation due to poor study design and/or methodologic issues." "While not recommended as an isolated intervention, Patient selection criteria if Interferential stimulation is to be used anyway: Possibly appropriate for the following conditions if it has documented and proven to be effective as directed or applied by the physician or a provider licensed to provide physical medicine: Pain is ineffectively controlled due to diminished effectiveness of medications; or Pain is ineffectively controlled with medications due to side effects; or History of substance abuse; or Significant pain from postoperative conditions limits the ability to perform exercise programs/physical therapy treatment; or Unresponsive to conservative measures (e.g., repositioning, heat/ice, etc.)." In this case, there is no clear evidence that the patient did not respond to conservative therapies, or have pain that limit her ability to perform physical therapy. There is no clear documentation of failure of pharmacological

treatments or TENS therapy. Therefore, the prescription of A.R.T. Interferential Stimulator 30 day trial is not medically necessary.