

Case Number:	CM15-0118972		
Date Assigned:	06/29/2015	Date of Injury:	06/10/2014
Decision Date:	07/28/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/19/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 (IW) is a 34 year old female who sustained an industrial injury on 06/10/2014. The mechanism of injury and initial report are not found in the records reviewed. The injured worker was diagnosed as having cervicalgia, cervical strain, right shoulder strain, thoracic strain, and myofascial pain syndrome. Treatment to date has included physical therapy, diagnostic testing including an electromyogram. Currently, the injured worker is at the clinic for a transcutaneous electrical nerve stimulation (TENS) unit trial, after 15 minutes, it decreased her pain to 5/10. Her muscles were more relaxed and she had an increase in her range of motion. Her prior pain level was documented a 7/10. The plan of care included a TENS unit, no new prescriptions, and a home exercise program for the neck. A request for authorization is made for the following: 1. Physical therapy 2X4 cervical, 2. Physical therapy 2X4 right shoulder and 3. Tens patch x2 pairs.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2X4 cervical: 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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for mid back pain radiating to the right shoulder. When seen, there was cervical spine tenderness with decreased and painful range of motion. There was decreased right upper extremity sensation. There was decreased and painful shoulder range of motion. Authorization for physical therapy was requested. On 05/21/15 a 15 minute trial of TENS was provided with a decrease in pain. A home TENS unit was provided. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.

Tens patch x2 pairs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Transcutaneous electrotherapy, p114-116.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for mid back pain radiating to the right shoulder. When seen, there was cervical spine tenderness with decreased and painful range of motion. There was decreased right upper extremity sensation. There was decreased and painful shoulder range of motion. Authorization for physical therapy was requested. On 05/21/15 a 15 minute trial of TENS was provided with a decrease in pain. A home TENS unit was provided. In terms of TENS, a one-month home-based trial may be considered as a noninvasive conservative option. Criteria for the use of TENS include that there is documentation of a one-month trial period of the TENS unit including how often the unit was used, as well as outcomes in terms of pain relief. In this case, the claimant had not had an appropriate trial of TENS and the request cannot be considered medically necessary.

Physical therapy 2X4 right shoulder: 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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in June 2014 and continues to be treated for mid back pain radiating to the right shoulder. When seen, there was cervical spine

tenderness with decreased and painful range of motion. There was decreased right upper extremity sensation. There was decreased and painful shoulder range of motion. Authorization for physical therapy was requested. On 05/21/15 a 15 minute trial of TENS was provided with a decrease in pain. A home TENS unit was provided. The claimant is being treated for chronic pain with no new injury. In terms of physical therapy treatment for chronic pain, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise a home exercise program. The request is not medically necessary.