MAXIMUS Federal Services

Case Number:	CM15-0170748		
Date Assigned:	09/22/2015	Date of Injury:	10/23/2012
Decision Date:	10/29/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/30/2015

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: Georgia, California, Texas
Certification(s)/Specialty: Preventive Medicine, Occupational 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 45 year old female who sustained an industrial injury on 10-23-2012. The injured worker was diagnosed with chronic pain syndrome, shoulder, elbow and wrist sprain and strain. The injured worker is status post left shoulder surgery in August 2013.According to the treating physician's progress report on August 9, 2015, the injured worker continues to experience overall improvement with ability to do more activities of daily living and function better. Examination of the left shoulder demonstrated 15% restriction in range of motion with less pain and slight restriction in range of motion of the right shoulder. There was less tenderness and muscles spasm noted in both shoulders. The Roos, Apley's, supraspinatus press test and resist tests were positive bilaterally with positive impingement on the right. Apprehension and arm drop tests were negative bilaterally. Left elbow was tender with muscle spasm. Range of motion was within normal limits. Tinel's was positive and Cozen's sign was negative. Left wrist was tender with mild weakness and slight range of motion restriction. Positive Tinel's and Phalen's were present. Sensation was decreased on the left. Deep tendon reflexes were absent bilaterally in the upper extremities. Prior treatments documented to date have included diagnostic testing, surgery, physical therapy, acupuncture therapy and medications. Current medications were listed as Naproxen and Omeprazole. On 08-09-2015 the provider requested authorization for physical therapy times 8 for the left shoulder, elbow and wrist, acupuncture therapy times 6 for the left shoulder, elbow and wrist and a transcutaneous electrical nerve stimulation (TEN's) unit (not specified for rental or purchase). On 08-17-2015, the Utilization Review determined the request for acupuncture therapy times 6 for the left

shoulder, elbow and wrist was not medically necessary. The Utilization Review modified the request for physical therapy times 8 sessions for the left shoulder, elbow and wrist to physical therapy times 4 sessions for the left shoulder, elbow and wrist and specified the authorization for a transcutaneous electrical nerve stimulation (TEN's) unit for a 30-day trial rental on 08-17-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 visits for the left shoulder, elbow and wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines recommends up to 10 physical therapy visits for myalgia/myositis. The injured worker has completed an unknown amount of PT to date. Based upon the documented significant functional improvement with the most recent course of therapy, limited additional therapy sessions for the left upper extremity in excess of the guideline are medically necessary.

Acupuncture x 6 visits for the left shoulder, elbow and wrist: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007.

Decision rationale: 9792.24.1. Acupuncture Medical Treatment Guidelines recommends an initial trial of 3-6 acupuncture treatments. MTUS recommends extension of treatments with documented evidence of functional improvement, with an optimum duration of 1-2 months. Based upon the documented functional improvement with acupuncture in this case, the requested 6 additional acupuncture sessions are medically necessary.

TENS unit/muscle stimulation (not specified for rental or purchase): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: This request does not specify whether the requested electrical stimulation unit is for rental or purchase. MTUS Chronic Pain Medical Treatment Guidelines does not recommend purchase of a TENS unit in the absence of a documented successful one month

home trial of TENS. A previous successful TENS trial is not documented. MTUS does not recommend electrical muscle stimulation for treatment of chronic pain. Medical necessity is not established for the requested TENS unit/muscle stim unit. The request is not medically necessary.