

Case Number:	CM15-0066481		
Date Assigned:	05/20/2015	Date of Injury:	08/15/2014
Decision Date:	06/18/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/07/2015

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

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 48 year old male, who sustained an industrial injury on 8/15/14. He has reported initial complaints of pain in the arms and shins after falling about 16 feet from a ladder. The diagnoses have included lumbar strain/sprain, left shoulder strain/sprain, status post left elbow surgery, status post open reduction internal fixation (Aug 2014) for fracture of the left wrist and left elbow with pin placement, right knee contusion and right foot/ankle contusion. Co-morbid conditions include obesity (BMI 31.0). Treatment to date has included medications, diagnostics, surgery, 22 sessions of physical therapy, 9 sessions of acupuncture, 14 sessions of chiropractic therapy, Functional Capacity Evaluation (FCE) and other modalities. As per the physician progress note dated 4/21/15, the injured worker reported low back pain minimal, less left shoulder pain and improved motion, wrists in continued pain but movements bilaterally have been improving, and that the chiropractic and acupuncture treatments have been providing him with relief of symptoms. The injured worker complained of low back pain, left shoulder pain, left elbow pain, bilateral wrist/hand pain, right knee, ankle, foot pain and irritability, loss of appetite and depression. The objective findings revealed lumbar spine tenderness and decreased range of motion. The left shoulder exam revealed tenderness and crepitations with palpation, negative drop arm test and decreased range of motion with pain. The left elbow exam revealed tenderness, decreased range of motion with pain, positive tennis elbow test and tingling at the cubital tunnel. The bilateral wrist exam reveals tenderness bilaterally, decreased range of motion with pain, positive Tinel's sign on the left and positive Finkelstein's sign bilaterally. The bilateral hands exam revealed tenderness bilaterally, pain at the metacarpal phalangeal joints bilaterally, and decreased sensation at the fourth and fifth

fingers on the left. The right knee exam revealed tenderness to palpation and pain with range of motion. The right foot exam revealed minimal tenderness over the medial malleolus and minimal pain with range of motion. The diagnostic testing that was performed included computerized axial tomography (CT scan) scan of the left shoulder dated 3/2/15 which revealed osteophytes, tendinosis and subchondrial cyst. The x-ray of the left forearm dated 10/29/14 revealed old healed fracture of the distal radius and orthopedic plate and screws over the distal radius. The x-ray of the left wrist dated 10/29/14 revealed old healed fracture of the distal radius and orthopedic plate and screws. The x-ray of the lumbar spine dated 10/29/14 revealed straightening of the lumbar lordosis with restricted range of motion on the lumbar spine flexion and extension views. The current medications were not annotated. The physician requested treatments included Physical therapy 4 visits, Durable medical equipment (DME) interferential (IF) 4 unit and Durable medical equipment (DME) paraffin bath unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy, 4 visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chapter 10 Elbow Disorders (Revised 2007), Chapter 11 Forearm, Wrist, and Hand Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90; Chp 8 pg 174; Chp 9 pg 203-5, 212; Chp 10 pg 264-5, 268, 271; Chp 11 pg 257-60, 264-6, 270-1; Chp 12 pg 299-301, 308-9, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy or physiotherapy (often abbreviated to PT) is a form of medical therapy that remediates musculoskeletal impairments and promotes mobility, function, and quality of life through the use of mechanical force and movement (active and passive). Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. This treatment has been shown to be effective in restoring flexibility, strength, endurance, function, range of motion and can alleviate discomfort. But, to be effective, active therapy requires an internal effort by the patient to complete the specific exercises at the PT clinic and at home. According to the MTUS, goal directed physical therapy after wrist or elbow surgery should be completed within 4-6 months after the surgery and for musculoskeletal inflammation should show a resultant benefit by 10 sessions over an 8 week period. Additionally, the program should be tailored to allow for fading of treatment. The ACOEM guidelines additionally recommend that physical therapy for patients with delayed recovery be time contingent. This patient had multiple musculoskeletal injuries many of which have become chronic. He is past the post surgical period. He has been given physical therapy for these problems in the past and may require repeat PT treatments for exacerbations of pain. Although repeat physical therapy is effective for exacerbations of chronic musculoskeletal conditions the therapy should follow the ACOEM recommendations. A good home exercise program is key to prevent recurrent flare-ups. The prior PT established a home exercise program. Since the patient is not experiencing an exacerbation of his pain, extending his initial PT beyond the MTUS

guidelines without giving good cause is not indicated at this point in this patient's care. The request for physical therapy is not medically necessary and has not been established.

Durable medical equipment (DME) interferential (IF) 4 unit: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Interferential Current Stimulation (ICS).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 9 Shoulder Complaints, Chapter 12 Low Back Complaints Page(s): Chp 3 pg 48-9; Chp 9 pg 203; Chp 12 pg 300, 308; Chp 13 pg 339, Chronic Pain Treatment Guidelines Transcutaneous electrotherapy Page(s): 114-120.

Decision rationale: IF (Interferential Stimulator) units are transcutaneous electrical nerve stimulation (TENS) units that use electric current produced by a device placed on the skin to stimulate the underlying nerves and which can result in lowering acute or chronic pain. It differs from other TENS units in that it modulates a TENS pulse at a higher wavelength. This presumably reduces the capacitance of skin and allows deeper penetration of the electrical currents into the skin. However, there is a lot of conflicting evidence for use of TENS and the MTUS specifically notes that IF therapy is not recommended as an isolated therapy. The MTUS does recommend TENS therapy during the first 30 days of the acute post-surgical period although it notes that its effectiveness for orthopedic surgical procedures is not well supported by the literature. This request for use on an IF unit in this patient is not during the immediate post-surgical period although it is in conjunction with other therapies (medication, physical therapy, acupuncture and chiropractic therapy). This meets the criteria required for its use. Thus the request for a trial of this therapy is medically necessary and has been established.

Durable medical equipment (DME) paraffin bath unit: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Forearm, Wrist, & Hand (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Page(s): Chp 3, pg 44, 48-9, Chp 8 pg 173-4, 181, Chp 9 pg 203-4, 212, Chp 11 pg 264-5, 271, Chp 12 pg 300, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Paraffin wax is a way in which moist heat is delivered to a specific body part. It is used as a passive therapy for warming of parts of the body in order to manage pain. Localized application of heat causes the blood vessels in that area to dilate, enhancing perfusion to the targeted tissue. It is thought that this increased blood flow enhances tissue healing. In general, physical methods for treating injuries can be active or passive. Passive therapies may be effective in the first few weeks after an injury but have not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, such as physical therapy done at a physical therapy clinic or in the home is more likely to result in a return to functional activities. However, the ACOEM guidelines recommend use of heat or cold at home just before or after exercise. This patient is well past his initial injury and has not had recent surgery. He has had a number of physical therapy sessions and has initiated a home exercise program. Addition of moist heat to his home physical therapy has ACOEM guideline support for its use. The request for use of paraffin wax is medically necessary and has been established.