MAXIMUS Federal Services

Case Number:	CM15-0098186		
Date Assigned:	05/29/2015	Date of Injury:	03/29/2010
Decision Date:	07/02/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/21/2015

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: 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 is a 55 year old male, who sustained an industrial injury on March 29, 2010. The mechanism of injury was a chainsaw accident which required reconstruction of the injured workers chin and lip. The diagnoses have included open wound of the cheek and injury to the upper and lower lip near the oral commissure. Treatment to date has included medications, reconstructive surgery and upper lip reduction with a complex closure. Current documentation dated January 29, 2015 notes that the injured worker reported problems with drooling and a loss of sensation in the oral commissure region from his injuries. He also noted occasional problems with oral competence, increased sensitivity to cold weather and a tendency for the lips to feel numb and to feel as though they do not meet. The treating physician's plan of care included a request for 32 physical therapy treatments with evaluation, electrical stimulation and sensory re-education.

IMR ISSUES, DECISIONS AND RATIONALES

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

32 Physical Therapy Treatments with Evaluation, electrical stimulation, sensory re- education: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular electrical stimulation (NMES devices).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, NMES Page(s): 99, 121.

Decision rationale: With regard to the request for electrical stimulation, the Chronic Pain Medical Treatment Guidelines on page 121 state the following regarding Neuromuscular Electrical Stimulation (NMES) Devices: "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004)" In this worker, the use of electrical stimulation is being proposed for a facial injury in the area of the lip. The guidelines recommend this as an option in spasticity of neurogenic origin such as following a stroke. Given the guidelines, this request is not medically necessary. Furthermore, the physical therapy request is in excess of guidelines. With regard to the request for physical therapy, the California Medical Treatment Utilization Schedule recommends transition from formal physical therapy to self-directed home exercises after a full course of therapy. Future therapy may be warranted if the patient has not had a full course of therapy. For myalgia, radiculitis or neuritis, up to 10 visits of formal PT is the recommendation by the Chronic Pain Medical Treatment Guidelines. Therefore, modification was suitable and the original request was not medically appropriate.