

Case Number:	CM13-0034432		
Date Assigned:	12/06/2013	Date of Injury:	12/26/2012
Decision Date:	02/14/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 53-year-old female who reported an injury on 12/26/2012. The mechanism of injury was not provided. The patient was noted to have tenderness to palpation along the length of the neck and fullness of soft tissues at C5-6. The patient was noted to hold the right arm close to her body in a protected position. The patient was noted to have markedly reduced range of motion 10 degrees in any direction from neutral. The patient was noted to have reduced grip strength of 2/4 on the right. The patient's diagnoses were noted to include sprain/strain of the shoulder/arm and elbow/forearm unspecified, carpal tunnel syndrome, and degeneration of the cervical IV disc. The request was made for physical therapy 2x10, acupuncture 2x10, and massage therapy 2x10.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture x20 for right wrist, right shoulder, and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: California MTUS Guidelines state that acupuncture is used as an option when pain medication is reduced or not tolerated and it is recommended as an adjunct to physical

rehabilitation and/or surgical intervention to hasten functional recovery. Acupuncture treatments may be extended if functional improvement is documented including either a clinically significant improvement in activities of daily living or a reduction in work restrictions. The clinical documentation submitted for review indicated the patient had 32 acupuncture sessions for the management of the neck and upper extremity pain. The clinical documentation failed to indicate the patient's functional response to the prior treatments. Additionally, there was lack of documentation indicating the necessity for 20 treatments. Given the above, the request for acupuncture x20 for the right wrist, right shoulder, and cervical spine is not medically necessary.

PT x 20 for right wrist, right shoulder, cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98 and 99.

Decision rationale: California MTUS states that physical medicine with passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation, and swelling, and to improve the rate of healing soft tissue injuries. Treatment is recommended with a maximum of 9-10 visits for myalgia and myositis. The clinical documentation submitted for review indicated the patient had 28 sessions of physical therapy for the neck and upper extremities. However, there is lack of documentation indicating the patient's positive functional response and remaining functional deficits to support ongoing treatment. Additionally, there is lack of documentation of exceptional factors to warrant 20 sessions of physical therapy. Given the above, the request for PT x20 for the right wrist, right shoulder, and cervical spine is not medically necessary.

Massage therapy X 2 right wrist, right shoulder, and cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Page(s): 60.

Decision rationale: California MTUS Guidelines recommend massage as a treatment to adjunct other recommend treatments including exercise and should be limited to 4 to 6 visits in most cases. The clinical documentation submitted for review indicated the request was for massage therapy 2x10 sessions. The request as submitted was for massage therapy x2 for the right wrist, right shoulder, and cervical spine. The patient's physical examination revealed they had tenderness to palpation along the length of the neck and fullness of the soft tissues at C5-6, as well as markedly reduced range of motion in the right shoulder 10 degrees in any direction from neutral and the patient was noted to be holding the right arm close to her body in a protected position. However, there is lack of documentation of clarification as to whether the request should be for massage therapy 20 sessions or 2 sessions. As per the physician's documentation,

it is noted to be for 20 sessions. Given the above and the lack of documentation of clarification, the request for massage therapy x2 right wrist, right shoulder, and cervical spine is not medically necessary.