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| Case Number: | CM13-0062168 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 02/21/2008 |
| Decision Date: | 04/11/2014 | UR Denial Date: | 11/25/2013 |
| Priority: | Standard | Application Received: | 12/06/2013 |

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. The expert reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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/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 applicant is represented [REDACTED] employee who has filed a claim for complex regional pain syndrome of the right upper extremity and right lower extremity reportedly associated with an industrial injury of February 21, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy, aquatic therapy, and acupuncture; stellate ganglion blocks; and a TENS unit. In a utilization review report of November 25, 2013, the claims administrator denied a request for myofascial release therapy and infrared therapy, citing a variety of non MTUS Guidelines, including third edition ACOEM Guidelines, ODG Guidelines, etc., although the MTUS does seemingly address the topics at hand. The attending provider also stated that the MTUS does not address infrared therapy. A January 7, 2014 progress note is handwritten, not entirely legible, and notable for ongoing complaints of swelling and burning pain. The applicant is on "lots of medications." The applicant is asked to employ Atarax at night and try topical compounded agent. On December 20, 2013, the applicant was apparently employing Pamelor, BuTrans, Tylenol No. 4, Prilosec, Lyrica, Cymbalta, and Lidoderm patches for diagnoses of chronic regional pain syndrome, contusion injury, right hand wound, depression, and anxiety. The applicant's work status was not detailed. A November 8, 2012 progress note is notable for comments that the applicant is off of work, on total temporary disability, as of that point in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

RECON MYOFASCIAL RELEASE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, 3rd Edition, 2010, Massage and Soft Tissue Massage, ODG-TWC ODG Treatment, Integrated Treatment/Disability Duration Guidelines, Forearm, Wrist & Hand (Acute & Chronic) (updated 5/8/13) Physical/Occupational Therapy;

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60, 8.

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy "should be limited to four to six visits in most cases" and should only be employed as an adjunct to other recommended treatments, such as exercise. In this case, it has not been clearly stated how much massage therapy the applicant has had over the life of the claim. The limited information on file does not clearly state how or why massage therapy will be employed. It is not clearly stated the massage therapy will be employed as an adjunct to another recommended treatments such as home exercises. Continued usage of passive modality such as massage therapy or myofascial release therapy without ongoing evidence of functional improvement is not, moreover, recommended, as noted on pages 8 and 60 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, for all the stated reasons.