

Case Number:	CM13-0066571		
Date Assigned:	01/03/2014	Date of Injury:	02/28/2012
Decision Date:	05/19/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/16/2013

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 Physical Medicine and Rehabilitation & Pain Management, has a subspecialty in Interventional Spine 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 case involves a 67 year-old female with a 2/28/2012 industrial injury claim. She has been diagnosed with lateral meniscus tear and cervical strain/sprain. According to the 11/20/13 Final Determination Letter for IMR Case Number CM13-0066571 3 orthopedic report from [REDACTED], the patient had left shoulder subacromial decompression on 7/14/13 and left wrist TFCC debridement on 9/5/13 with subsequent cellulitis. She presents with burning sensation on the dorsal aspect of the left hand, although improved since last visit. Left wrist pain is 3-7/10, she has 11/16 Physical Therapy (PT) visits. Exam shows weakness in interosseous strength, atrophy at ulnar eminence of right hand with fasciculations. He requests 4 sessions of lymphedema massage to the LUE.

IMR ISSUES, DECISIONS AND RATIONALES

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

FOUR (4) LYMPHEDEMA MASSAGE SESSIONS TO THE LEFT UPPER EXTREMITY: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines

Decision rationale: The patient was reported to have had hand surgery/debridement of the TFCC on 9/5/13. The 9/25/13 report states there was severe edema when the ace wrap was removed. The patient was given a compressive glove to reduce the edema. By 10/8/13 the patient completed 15-days of antibiotic therapy there was decreased edema of the dorsal aspect of the left hand. On 11/20/13 the surgeon requested 4-sessions of lymphedema massage. MTUS recommends massage 4-6 sessions for post-op pain. ODG guidelines, under the lymphedema pumps, states that manual lymphatic drainage yielded greater volumes than compression garments. The request for 4 sessions of lymphedema massage is in accordance with MTUS and ODG guidelines.