

Case Number:	CM14-0112801		
Date Assigned:	09/16/2014	Date of Injury:	03/30/2008
Decision Date:	10/22/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	07/16/2014

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 and is licensed to practice in Texas and Ohio. 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 injured worker is a 45-year-old female who reported an injury on 03/30/2008. Reportedly, she was lifting a patient who was restrained on a backboard in order to x-ray, and felt a straining sensation in right upper extremity which became more prevalent later on in the afternoon. The injured worker's treatment history included corticosteroid injections, EMG/NCV studies, x-rays, physical therapy, acupuncture treatment, TENS unit, and medications. In the documentation provided, the injured worker stated on 10/03/2012 that she reported previously being treated with acupuncture without benefit. She indicated that she also tried physical therapy, TENS unit, and massage therapy without significant improvement. The injured worker was evaluated on 07/14/2014, and it was documented the injured worker complained of tenderness to palpation over the area of the right sacroiliac joint, along the right buttock and lateral aspect of the thigh. The lumbar spine examination revealed sensation was intact to light touch and pinprick bilaterally to the lower extremities. Straight leg raise was negative. Spasming guarding was noted in the lumbar spine. Lumbar spine motor strength was 5/5 to hip flexion, hip extension, knee extension, knee flexion, ankle eversion, ankle inversion, and extensor hallucis longus. The injured worker was evaluated on 07/31/2014, and it was documented the injured worker was well developed, well nourished, and in no acute cardiorespiratory distress. The incision site was healed, with no swelling. There was normal sensation in the right thumb, scar to tip, both radial and ulnar. AROM right thumb was normal. No instability on stress testing was noted. Mild tenderness was noted in the radial thumb MCP and dorsal first metacarpal, less so thumb in the CMC joint. Lateral pinch strength: right 15/16/15, left 15/16/15 pounds. 3 point chuck pinch strength: right 11/13/15, left 13/14/13 pounds. Diagnoses included carpal tunnel syndrome and pain in joint, shoulder. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy for the lumbosacral/right gluteal area x6: 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): 98-99.

Decision rationale: The California MTUS Guidelines may support up to 10 visits of physical therapy for the treatment of unspecified myalgia and myositis to promote functional improvement. The injured worker has attended an unknown number of therapy sessions to date. There were no objective indications of progressive, clinically significant improvement from prior therapy. The provider failed to indicate long term functional goals. The documentation submitted for review on 10/03/2012 the provider noted the injured worker stated she previously was treated with acupuncture without benefit. She indicated that she also had tried physical therapy, TENS unit, and massage therapy without significant improvement. As such, the request for Physical therapy for the lumbosacral/right gluteal area x6 is not medically necessary.

Massage therapy for the lumbosacral/eight gluteal area x6: 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 Therapy Page(s): 60.

Decision rationale: California (MTUS) Chronic Pain Medical Guidelines recommends massage therapy as an option. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. Within the documentation submitted on 10/03/2012 the provider noted the injured worker stated that previously she was treated with acupuncture without benefit. She indicated that she had also tried physical therapy, TENS unit, and massage therapy without significant improvement. As such, the request for Massage therapy for the lumbosacral/eight gluteal area x6 is not medically necessary.