

Case Number:	CM14-0158063		
Date Assigned:	10/03/2014	Date of Injury:	08/25/1999
Decision Date:	10/29/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	09/26/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 69-year-old female with an 8/25/99 date of injury. At the time (9/5/14) of request for authorization for Occupational Therapy, right wrist x 12 sessions and Massage Therapy, cervical spine x 12 sessions, there is documentation of subjective (increased wrist pain and increased neck stiffness with limited motion) and objective (positive Spurling's test, spasms over the trapezius and rhomboid muscles, and tenderness to palpation over the wrists with positive Tinel's sign) findings, current diagnoses (bilateral carpal tunnel syndrome and cervical herniated nucleus pulposus), and treatment to date (physical therapy to the cervical spine with decreased stiffness; and chiropractic therapy to the cervical spine). Medical report identifies a request for occupational therapy for carpal tunnel syndrome and massage therapy to the cervical spine. Regarding Occupational Therapy, right wrist x 12 sessions, it cannot be determined if this is a request for initial or additional occupational therapy to the wrist. Regarding Massage Therapy, cervical spine x 12 sessions, it cannot be determined if this is a request for initial or additional massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Occupational Therapy, right wrist x 12 sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome, Physical therapy Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG recommends a limited course of physical therapy for patients with a diagnosis of carpal tunnel syndrome not to exceed 3 visits over 5 weeks. ODG also notes patients should be formally assessed after a "six-visit clinical trial" to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of a diagnosis of bilateral carpal tunnel syndrome with a request for occupational therapy to address carpal tunnel syndrome. However, given documentation of an 8/25/99 date of injury, where there would have been an opportunity to have had previous occupational therapy, it is not clear if this is a request for initial or additional (where occupational therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) occupational therapy to the wrist. In addition, the proposed number of sessions exceeds guidelines Therefore, based on guidelines and a review of the evidence, the request for Occupational Therapy, right wrist x 12 sessions is not medically necessary.

Massage Therapy, cervical spine x 12 sessions: Upheld

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 Official Disability Guidelines (ODG) Neck & Upper Back, Massage Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

Decision rationale: MTUS identifies documentation that massage therapy is being used as an adjunct to other recommended treatment (e.g. exercise), as criteria necessary to support the medical necessity of massage therapy. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of massage therapy. In addition, ODG supports an initial trial of

6 visits of massage therapy for the neck; and with evidence of objective functional improvement, a total of up to 18 visits. Within the medical information available for review, there is documentation of a diagnosis of cervical herniated nucleus pulposus. However, there is no documentation that massage therapy is being used as an adjunct to other recommended treatment (exercise). In addition, given documentation of an 8/25/99 date of injury, where there would have been an opportunity to have had previous massage therapy, it is not clear if this is a request for initial or additional (where massage therapy provided to date may have already exceeded guidelines regarding a time-limited plan and there is the necessity of documenting functional improvement) massage therapy. Therefore, based on guidelines and a review of the evidence, the request for Massage Therapy, cervical spine x 12 sessions is not medically necessary.