

Case Number:	CM14-0166988		
Date Assigned:	10/14/2014	Date of Injury:	12/04/2013
Decision Date:	12/11/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	10/09/2014

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 Family Practice, 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:

This is a 43-year-old female claimant sustained a work injury on December 3, 2013 involving the left shoulder, neck, wrists, low back and knees. She was diagnosed with cervical strain, left shoulder impingement, lumbar radiculitis, right knee contusion and carpal tunnel syndrome. A progress note on August 19, 2014 indicated the claimant at 8/10 pain. Exam findings were notable for parascapular muscle spasms, paracervical muscle spasms, tenderness in the lumbar spine, and medial joint line tenderness in the left knee. The treating physician requested Diclofenac for pain control as well as 18 sessions of acupuncture and massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 3 x 6: 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 rationale: According to the guidelines, Massage therapy is recommended as an option should be limited to four-six visits in most cases. There is lack of long-term benefits. In this case

the physician requested 18 sessions of massage therapy. The request is excessive and not medically necessary.

Acupuncture 3 x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: According to the guidelines, acupuncture is an option when pain medication is reduced or not tolerated. Frequency and duration of acupuncture is recommended for 1 to 3 times per week for duration of 1 to 2 months. The time to produce functional improvements is 3-6 treatments. In this case the response to acupuncture is not known; Acupuncture is an option. The 18 sessions requested is excessive without knowing functional response of treatments as well as without exhausting other modalities. Therefore, this request is not medically necessary.