

Case Number:	CM14-0167762		
Date Assigned:	10/15/2014	Date of Injury:	11/19/2013
Decision Date:	12/24/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/13/2014

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, 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 patient is a 38 year old with an injury date on 11/19/13. Patient complains of bilateral hand pain, right greater than left with a 65%/35% ratio per 9/24/14 report. The numbness predominates in right greater than left, with more pain/numbness in her palmer fingers than in palms, and in flexor forearm more than extensor. Based on the 9/24/14 progress report provided by the treating physician, the diagnoses are: 1.pain in limb2.myalgia and myositis unspecified3.thoracic outlet syndrome4.weakness of handExam on 9/24/14 showed "wrist motor was full. Wrist was exam normal. Hand and bilateral upper extremity sensory was normal." No range of motion testing was included in reports. Patient's treatment history includes physical therapy, medications, splinting. The treating physician is requesting physical therapy x 8 sessions per report dated 9/24/14, and myofascial therapy x 8 sessions per report dated 9/24/14. The utilization review determination being challenged is dated 9/30/14 and modifies request to 6 sessions. The requesting physician provided treatment reports from 18/14 to 11/6/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy x 8 sessions per report dated 9/24/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: This patient presents with bilateral hand pain. The provider has asked for physical therapy x 8 sessions on 9/24/14. The patient "failed non-specific physical therapy 6 times" but acupuncture and massage helped per 9/24/14 report. MTUS guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, patient had 6 sessions of recent therapy (unspecified dates) and a short course of treatment may be reasonable for a flare-up, declined function or new injury. The provider is requesting physical therapy for "TOS such as Peter Edgelow technique" per 9/24/14 report. Considering patient has already had 6 sessions of recent physical therapy, the request for 8 sessions exceeds MTUS guidelines for this type of condition. The request is not medically necessary.

Myofascial therapy x 8 sessions per report dated 9/24/14: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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) Lumbar Chapter, Massage

Decision rationale: This patient presents with bilateral hand pain. The provider has asked for myofascial therapy x 8 sessions on 9/24/14. The patient has tried massage with benefit per 9/24/14 report, but the number of sessions was unspecified. Regarding massage therapy, MTUS recommends as an adjunct to other recommended treatment (e.g. exercise), limited to 4-6 visits in most cases. In this case, the patient had prior, recent massage therapy but the number of sessions was not specified. More importantly, the provider states "benefit" from prior massage but this improvement is not quantified. No functional improvement or medication reduction was associated with previous massage therapy. Therefore, the request for myofascial therapy x 8 sessions per report dated 9/24/14 was not medically necessary and appropriate.