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| Case Number: | CM14-0176446 | | |
| Date Assigned: | 10/29/2014 | Date of Injury: | 03/11/2002 |
| Decision Date: | 12/08/2014 | UR Denial Date: | 10/06/2014 |
| Priority: | Standard | Application Received: | 10/24/2014 |

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 49 year old female with date of injury of 3/11/2002. A review of the medical records indicates that the patient is undergoing treatment for bilateral carpal tunnel syndrome. Subjective complaints include continued pain (9/10) in the bilateral wrists with numbness and tingling in the median nerve distribution. Objective findings include limited range of motion of the bilateral wrists with positive Tinel's and Phalen's and decreased motor strength and sensory in the median nerve distribution. Treatment has included Voltaren gel, Gabapentin, Ultracet, Chlorzoxazone, right arm ulnar nerve block; cervical epidural steroid injection, physical therapy. The utilization review dated 11/4/2014 non-certified 6 physical therapy sessions and 4 bilateral trigger point injections.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six physical therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174, Chronic Pain Treatment Guidelines Physical Therapy (PT).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 196-219, Chronic Pain Treatment Guidelines Physical Therapy, Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder (Acute & Chronic), Physical Therapy.

Decision rationale: California MTUS guidelines refer to physical medicine guidelines for physical therapy. "Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." Additionally, ACOEM guidelines advise against passive modalities by a therapist unless exercises are to be carried out at home by patient. The patient was certified for 8 physical therapy sessions which is consistent with MTUS and ODG guidelines for initial 'trial' of treatment. Additionally sessions may be warranted based on the progress during the initial treatment sessions. She has already had a trial of more than 8 physical therapy sessions. Progress notes made no mention as to the progress of the patient's wrist or her response to physical therapy as it pertains to his request. Furthermore, there are no functional goals outlined for further therapy sessions. As such, the request for 6 additional physical therapy sessions is not medically necessary.

Four bilateral trigger point injections to the neck and shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174-175, Chronic Pain Treatment Guidelines Trigger Point Injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: MTUS states that Trigger Point Injections are "Recommended only for myofascial pain syndrome as indicated below, with limited lasting value. Not recommended for radicular pain." And further states that "trigger point is a discrete focal tenderness located in a palpable taut band of skeletal muscle, which produces a local twitch in response to stimulus to the band for fibromyalgia syndrome, trigger points injections have not been proven effective." MTUS lists the criteria for Trigger Points:(1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; (2) Symptoms have persisted for more than three months; (3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; (4) Radiculopathy is not present (by exam, imaging, or neuro-testing); (5) Not more than 3-4 injections per session; (6) No repeat injections unless a greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; (7) Frequency should not be at an interval less than two months; (8) Trigger point injections with any substance (e.g., saline or glucose) other than local anesthetic with or without steroid are not recommended. The treating physician has not provided clinical evidence of "circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain". There is no documentation showing failure of NSAIDs or muscle relaxants. There is no discussion of the amount of relief from the previous epidural steroid injections. Therefore, the request for 4 bilateral trigger point injections to the neck and shoulders is not medically necessary.