

<b>Case Number:</b>	CM14-0048011		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	07/22/2003
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### 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 Occupational Medicine 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 year old patient had a date of injury on 7/22/2003. The mechanism of injury was repetitive physical strain of performance of his work duties, lifting heavy items on a repetitive basis. In a progress noted dated 3/5/2014, the patient reports pain in posterior cervical/upper thoracic area which is more severe on left where muscles feel very tight. The pain radiates across his shoulder blades and down upper extremity. On a physical exam dated 3/5/2014, neck shows normal cervical posture, and there is moderate tenderness to palpation over the posterior cervical muscles at the level of C4, although no palpable spasm at this time. There is increased muscle tension in upper trapezius, suprascapular and rhomboid muscles bilaterally. Diagnostic impression shows mild acromioclavicular joint degenerative joint disease, carpal tunnel syndrome, left neck/scapular spasms. Treatment to date includes medication therapy and behavioral modification. A UR decision dated 3/24/2014 denied the request for massage therapy for the neck, shoulder and back, 8 visits 3 times/year, dorsiflexion wrist splint #2, and soft collar for the cervical spine #1. No rationales were provided for these denials.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy for the neck, shoulder and back. QTY. 8 visits times 3 times a year (total 24): 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 states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In the reports viewed, there was no discussion regarding any exercise regimens. Furthermore, there was no rationale provided to justify 24 total visits when guidelines support 4-6. Therefore, the request for massage therapy for the neck, shoulder, and back for 24 visits is not medically necessary.

**Dorsiflexion wrist splint Qty. 2: Overturned**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 265. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Carpal Tunnel Syndrome.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) carpal tunnel syndrome chapter.

**Decision rationale:** California MTUS guidelines recommend wrist splinting for acute, subacute, or chronic CTS; moderate or severe acute or subacute wrist sprains; acute, subacute, or chronic ulnar nerve compression at the wrist; acute, subacute, or chronic radial nerve neuropathy; scaphoid tubercle fractures; or acute flares or chronic hand osteoarthritis; Colles' fracture. On a progress note dated 3/5/2014, the sensory examination reveals hypalgesia of middle digit of right hand and the 1st, 2nd and 3rd digits on left hand. The phalens test (30 seconds) is positive on the right, producing hypalgesia in thumb, index, middle fingers, and lateral aspect of the ring finger, characteristic of median nerve compromise. The doctor concludes this examination to be consistent with right carpal tunnel syndrome. Therefore, the request for wrist splint #2 was medically necessary.

**Soft collar for the cervical spine QTY. 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 174. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)- Neck & Upper Back Procedure Summary- cervical collars.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter: Collar.

**Decision rationale:** California MTUS does not address this issue. ODG does not recommend cervical collars for neck sprains, but may be appropriate where post-operative and fracture indications exist. Patients diagnosed with WAD (whiplash associated disorders), and other related acute neck disorders may commence normal, pre-injury activities to facilitate recovery.

Rest and immobilization using collars are less effective, and not recommended for treating whiplash patients. May be appropriate where post-operative and fracture indications exist. In the reports viewed, there was no diagnosis found that justifies the need for a cervical collar. Therefore, the request for cervical collar #1 was not medically necessary.