

Case Number:	CM14-0055654		
Date Assigned:	07/09/2014	Date of Injury:	02/19/2012
Decision Date:	08/29/2014	UR Denial Date:	04/15/2014
Priority:	Standard	Application Received:	04/24/2014

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 Internal Medicine and is licensed to practice in Georgia. 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 injured worker is a 51-year-old female who experienced chronic myofascial pain of the right hand due to carpal tunnel syndrome following a fracture of the right humerus with radial nerve injury on February 19, 2012. The fracture was caused by a fall while holding a laptop computer for work. Her symptoms include burning-sensation pain at the base of her neck that radiates to both arms as well as pain and numbness of the right arm below the elbow. She was initially treated with surgical correction of the fracture, an anti-inflammatory medication (Nabumetone), and a muscle relaxant (Flexeril). Treatment also included four weeks of gym membership with pool access for muscle strengthening. Modified work duties of limited work above the shoulder level and avoidance of repetitive and forceful activity at the shoulder level were recommended. Imaging and diagnostic studies include: right arm x-ray on February 19, 2012 that revealed a comminuted spiral fracture; magnetic resonance imaging of the neck on April 13, 2012 that revealed degenerative changes with spinal canal narrowing from the fourth through sixth level; electromyogram of the right hand on April 26, 2012 that revealed carpal tunnel syndrome; and magnetic resonance imaging of the left knee on April 27, 2012 that revealed degenerative changes. During treatment the physician noted failure of symptom improvement with the prescribed therapeutic regimen. The injured worker's physical examination was significant for limited neck flexion; reduced range of motion of both elbows; decreased sensation of the right hand; and a positive test for carpal tunnel syndrome in the right hand (Tinel sign). The use of antiepileptic medications, tricyclic antidepressants, and massage therapy were not documented as being offered as part of the therapeutic plan. Pertinent documents reviewed for the injury and treatment summary include utilization review application and decision; qualified medical examiner documents; consultant physician documentation; request for authorization forms; imaging and diagnostic study reports; and treating physician progress notes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial trigger release to right upper extremity: 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 Trigger Point Injections Page(s): 122.

Decision rationale: The injured worker has right hand carpal tunnel syndrome following a humerus fracture, myofascial pain, and chronic neuropathic pain due to cervical (neck) spine degenerative changes. The MTUS citation listed provides specific indications for trigger point injections, Trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: (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). The injured worker does not meet criteria for trigger point injections. Trigger point injections for the right upper extremity have been requested, however, documentation of specific points is not available; medical management modalities of stretching and physical therapy have not been attempted for pain control; and radiculopathy is documented by physical examination and neurodiagnostic testing. Six injections have been requested, however, the MTUS citation recommends, not more than 3-4 injections per session. Therefore, specific indications for trigger point injections are not present, the requested number exceeds recommendations, and medical management options have not been exhausted. Trigger point injections are not medically necessary, as the injured worker does not meet the criteria described in the MTUS.

Theracane (for trigger points): 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: The injured worker has right hand carpal tunnel syndrome and myofascial trigger point pain for which Theracane use is requested. Medical management options have not been exhausted and the passive treatment of massage has not been recommended. Per the MTUS citation on massage therapy, it should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The citation further states that massage can be at least as effective as standard medical care in chronic pain syndromes and that

relative changes are equal, but tend to last longer and to generalize more into psychological domains. The treating physician has not documented a recommendation for massage therapy. Specific indications for Theracane use are not present. It is therefore not medically necessary, as the injured worker does not meet the criteria described in the MTUS.