

Case Number:	CM14-0078193		
Date Assigned:	07/23/2014	Date of Injury:	09/11/2001
Decision Date:	09/17/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/29/2014

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 54 year old female was injured at work on 09//11/2001. The mechanism was from cumulating trauma. She suffered from headaches, and backaches. During a pain management visit on 05/7/14, she complained of 7/10 pain in her right lower back, right shoulder, neck, arms. The back pain radiates into her right buttocks. She reported she had a 50 % improvement in the right shoulder for two weeks after a steroid injection. She had been following up with a chiropractitioner for about two years. She is unable to take Nonsteroidal antiinflammatory medications due to GI upset; she has license for medical marijuana. She had right labrial surgery in 2005, right carpal tunnel release in 09/2006, and 08/2008. The physical examination revealed antalgic and slow gait, limited range of motion of the spine; decreased range of motion of the right shoulder. In addition, she had decreased strength in the upper and lower limbs, and diminished sensations in the right hand. She has been diagnosed of shoulder joint pain, wrist joint pain, hand joint pain, rotator cuff , lumbago, cervical degenerative disc disease, and atypical face pain. She is being treated with Cyclobenzapyrine, Nebumetone, ortho referral. She is said to have benefited from aquatherapy, massage therapy, and acupuncture, in the past, but she is unable to do land physical therapy due to foot problems. At dispute are requests for Massage therapy x4; Acupuncture x8; Cyclobenzaprine 10mg #60 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy x4: 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 MTUS recommends that massage therapy should be an adjunct to other recommended treatment, like, exercise, and it should be limited to 4-6 visits in most cases. The records reviewed revealed she has had this therapy in the past, though the records did not reveal how recent. Also, not indicated is which body part the massage therapy is for. Therefore considering she has already had the therapy, and that no body part is specified, the treatment is not medically necessary.

Acupuncture x8: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The Acupuncture guidelines recommend a frequency of 1-3 visits per week, with optimum duration of 1- 2 months; acupuncture treatments may be extended if functional improvement is documented. The records indicate the injured worker has been on treatment with acupuncture. However, there was no documentation of improvement. Therefore, the treatment is not medically necessary and appropriate.

Cyclobenzaprine 10mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril)Muscle relaxants (for pain) Page(s): 41, 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64.

Decision rationale: This injured worker is already being treated with Cyclobenzaprine, and there are reports of the injured worker complaining of drowsiness (one of the side effects of the drug). The Guidelines recommend a short period of treatment, preferably, less than two weeks since the optimal effect is in 4 days. Therefore, the continued use of this drug is not medically necessary since this will lead to more side effects without improved benefits.

Aqua Therapy (8 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic therapy Page(s): 22; 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Physical Therapy Guidelines.

Decision rationale: The injured worker sustained a work related injury on 09//11/2001. The medical records provided indicate the diagnoses of shoulder joint pain, wrist joint pain, hand joint pain, rotator cuff, lumbago, cervical degenerative disc disease, and atypical face pain. Treatments have included Cyclobenzaprine, Nebumetone, and orthopedic referral. She is said to have benefited from aquatherapy, massage therapy, and acupuncture, in the past, but she is unable to do land physical therapy due to foot problems. The medical records provided for review do not indicate a medical necessity for 8 sessions of aqua therapy. The MTUS recommends aquatic therapy as an option for exercise therapy in those who are unable to do land based physical therapy. Like land based physical therapy, the MTUS recommends a fading of treatment frequency from up to 3 visits per week to 1 or less, in addition to active self-directed therapy. The Official Disability Guidelines recommend that patients should be formally assessed after a six-visit clinical trial in any case of physical therapy to see if the patient is moving in a positive direction, no direction, or a negative direction prior to continuing with the physical therapy), and that there must be a proper documentation of an exceptional factor when treatment duration and/or number of visits exceeds the guidelines. The records provided do not document any exceptional factors to exceed the guidelines. Therefore, the requested aqua therapy is not medically necessary at this time.