

Case Number:	CM14-0086012		
Date Assigned:	07/23/2014	Date of Injury:	06/30/2013
Decision Date:	08/28/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/09/2014

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, and is licensed to practice in Illinois. 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 56 year old female with a reported date of injury on 02/02/2013. The mechanism of injury was not provided. The diagnoses included carpal tunnel syndrome, ulnar tunnel syndrome, and brachioradialis trigger point. The injured worker has had previous physical therapy, massage, and acupuncture. The clinical note dated 05/19/2014 noted the injured worker reported hand numbness to the 4th and 5th digits and elbow pain. She reported that she had some relief by nonsurgical options such as active tissue release and massage. The injured worker had multiple rounds of physical therapy and she noted the massage done by physical therapy was not therapeutic. The injured worker reported flare-ups that were worsened by computer use, driving, and repetitive use. The examination regarding the right wrist revealed gross deformity on the ulnar surface. Range of motion of the right wrist was normal in all planes. The injured worker had tenderness to palpation of the right wrist in the ulnar aspect of the carpal area. There was a very large brachioradialis trigger point that caused relief of pain at the hands and elbow when pressed, though it was extremely painful to palpation. Range of motion to the elbow was normal in all planes without pain. The medications listed consisted of naproxen and Anaprox. The physician's treatment plan included recommendations for chiropractic treatment and tissue release of the right elbow, hand, and shoulder areas, a consultation with an orthopedic surgeon for further evaluation and a second opinion for followup determination surgery status, neuromuscular massage weekly sessions times 8 for treatment and evaluation of the brachioradialis trigger point which could be contributing to her elbow pain. The injured worker did have a more recent examination on 07/02/2014, with the same complaints. There was no change in the examination and there was also no change in the treatment plan. The request for authorization was signed and dated for 05/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic; amount and frequency/duration not specified, right forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Manipulation Page(s): 58.

Decision rationale: The request for the chiropractic right forearm is non-certified. The California MTUS Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. The guidelines note chiropractic treatment is not recommended for the forearm, wrist, and hand as well as for carpal tunnel syndrome. The injured worker has diagnoses of carpal tunnel syndrome and ulnar tunnel syndrome. The injured worker did have previous physical therapy, which was not effective for her. Within the provided documentation the requesting physician did not provide a recent complete assessment of the injured worker's objective functional condition in order to demonstrate deficits for which treatment would be indicated. Additionally, the guidelines do not recommend chiropractic treatment for the forearm, wrist, and hand. As such, the request for the chiropractic to the right forearm is non-certified.

Neuromuscular massage therapy; eight (8) session (1X8), right forearm: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Carpal Tunnel Syndrome, Massage.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

Decision rationale: The request for neuromuscular massage therapy to the right forearm is non-certified. The California MTUS Guidelines note massage is recommended as an option as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. She did have previous physical therapy that was not effective. There was no mention of any further exercise program or a home exercise program. The request for 8 sessions exceeds the guideline recommendation of 4-6 sessions. Within the provided documentation the requesting physician did not provide a recent complete assessment of the injured worker's objective functional condition in order to demonstrate deficits for which treatment would be indicated. Additionally, it is indicated within the medical records that the injured worker has received massage in the past; however, the physician did not indicate how many sessions have been completed or include documentation demonstrating the efficacy of the treatment. Therefore, the request for the neuromuscular massage therapy 8 sessions is non-certified.

