

Case Number:	CM14-0086050		
Date Assigned:	07/23/2014	Date of Injury:	08/03/2009
Decision Date:	09/17/2014	UR Denial Date:	05/23/2014
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 Family 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 injured worker's date of injury is 08/03/2009. Medical records from the original injury were not included. The patient underwent surgical fusion of the wrist, carpal tunnel release, fixation of a left scaphoid fracture, right knee meniscus debridement, patella chondroplasty, and additional procedures involving the wrists, including surgical removal of orthopedic hardware. Physical therapy sessions were done post-operatively. Physical exam shows bilateral shoulder loss of ROM, limited ROM of the wrists, and redness of the wrists. This review is for the requests of massage and acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 1-2 x 6 (1-2 times per week for 6 weeks): Upheld

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) online treatment guidelines (http://www.odg-twc.com/odgtwc/Forearm_Wrist_Hand.htm).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: Massage is considered a passive therapy, because it doesn't require energy expenditure by the patient. Massage may be medically indicated early on for the short term management of pain in the rehabilitation process. Active therapy is preferred for the best patient outcomes. This patient has chronic pain and the initial injury occurred 5 years ago. The request is not medically necessary.

Acupuncture 1-2 x 6 (1-2 times per week for 6 weeks): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The treating physician's dated 06/02/2014 is handwritten and the legibility is only fair. The results of the physical exam are hard to read. The request for acupuncture does not include the actual diagnosis, the current level of function or the current level of pain. The goal of this treatment is not stated. Based on the documentation, acupuncture is not medically necessary.