

Case Number:	CM14-0096871		
Date Assigned:	07/28/2014	Date of Injury:	02/05/2002
Decision Date:	08/29/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/25/2014

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, has a subspecialty in Pain Management, 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 is a female patient with a date of injury of February 5, 2002. A utilization review determination dated May 27, 2014 recommends non-certification of physical therapy two times per week for six weeks (12 visits), massage therapy two times per week for six weeks (12 visits), and acupuncture two times per week for six weeks (12 visits). A progress note dated May 21, 2014 identifies subjective complaints of use of Motrin, Prilosec, and Ambien as needed which help with inflammation and pain. The patient reports she is no longer attending physical therapy, and has a pain level of 4 - 5 without medication that is reduced to 2 with Motrin. The patient complains of stabbing wrist pain left worse than right, wrist pain is present on and off, constant numbness and tingling of both hands, constant elbow pain, and pain that is up-and-down in both arms. The patient reports that the left shoulder pain comes and goes, is worse with certain movements, and has limited range of motion in both shoulders. Physical examination identifies positive Finkelstein's testing of bilateral wrists. Diagnoses include overuse syndrome bilateral upper extremities, carpal tunnel syndrome of bilateral wrists, lateral epicondylitis bilateral elbows, tendinitis of bilateral shoulders, cubital tunnel syndrome of bilateral elbows, De Quervain's tendinitis of bilateral wrist, status post anterior cervical discectomy and fusion, and tendinitis of bilateral wrists. The treatment plan recommends prescription for Ibuprofen 800 mg #100, prescription for Omeprazole 20 mg #60, prescription for Zolpidem 10 mg #30, prescription for CBC, the UN, Creatinine, and hepatic function panel, request for physical therapy two times a week for six sessions for bilateral upper extremities, massage therapy two times a week for six sessions, and acupuncture two times a week for six sessions. A physical therapy progress note dated March 18, 2014 is the seventh visit and identifies no significant change.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy two times per week for six weeks, 12 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 200; 265; 200. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter, Physical Therapy and Carpal Tunnel Syndrome, Physical Therapy; Elbow Chapter, Physical Therapy; Shoulder Chapter, Physical Therapy.

Decision rationale: Regarding the request for physical therapy 2 times per week for 6 weeks (12 visits) for bilateral upper extremities, Occupational Medicine Practice Guidelines state a physical therapist can serve to educate the patient about an effective exercise program. ODG recommends an initial trial of physical therapy; and then with documentation of objective functional improvement, ongoing objective treatment goals, as well as a statement indicating why an independent program of the home exercise would be insufficient to address any remaining deficits, additional therapy may be indicated. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. In the absence of such documentation, the current request for physical therapy 2 times per week for 6 weeks (12 visits) for bilateral upper extremities is not medically necessary.

Massage Therapy two times per week for six weeks, 12 visits.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 60 of 127 Page(s): 60 OF 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for massage therapy 2 times per week for 6 weeks (12 visits), Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. Additionally, the current number of massage therapy sessions, 12 visits, exceeds the maximum visits, 4-6 visits, recommended by guidelines. In the absence of clarity regarding those issues, the currently requested massage therapy 2 times per week for 6 weeks (12 visits) is not medically necessary.

Acupuncture, two times per week for six weeks, 12 visits.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain Chapter, Acupuncture.

Decision rationale: Regarding the request for acupuncture 2 times per week for 6 weeks (12 visits), California MTUS does support the use of acupuncture for chronic pain, with additional use supported when there is functional improvement documented, which is defined as either a clinically significant improvement in activities of daily living or a reduction in work restrictions and a reduction in the dependency on continued medical treatment. A trial of up to 6 sessions is recommended, with up to 24 total sessions supported when there is ongoing evidence of functional improvement. The request for 12 visits exceeds the recommended number of initial trial visits of 6 sessions. As such, the currently requested acupuncture 2 times per week for 6 weeks (12 visits) is not medically necessary.