

Case Number:	CM14-0051307		
Date Assigned:	06/23/2014	Date of Injury:	06/22/1999
Decision Date:	04/23/2015	UR Denial Date:	03/03/2014
Priority:	Standard	Application Received:	03/20/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 41-year-old female, who sustained an industrial injury on 6/22/99. She reported bilateral hand numbness, tingling and pain. The injured worker was diagnosed as having myofascial pain, tennis elbow and impingement. Treatment has included left carpal tunnel decompression, hand therapy, multiple injections, activity restrictions, oral pain medications and ice and heat. Currently, the injured worker complains of bilateral upper extremity pain. Physical exam revealed bilateral upper extremity tightness and spasm. The injured worker states the pain improves with medications. The treatment plan consisted of continuing oral pain medications and myofascial release acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Therapy Release (qty: 6): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Chapter, Massage Therapy.

Decision rationale: The injured worker sustained a work related injury on 6/22/99. The medical records provided indicate the diagnosis of myofascial pain, tennis elbow and impingement. Treatment has included left carpal tunnel decompression, hand therapy, multiple injections, activity restrictions, oral pain medications and ice and heat. The records indicate the injured worker has had several acupuncture treatments since 2010. These have included acupuncture myofascial release. The injured worker has remained on modified duty, and the pain has not improved. Although the official Disability Guidelines states there is evidence-favoring massage over physical therapy, and evidence favoring acupuncture massage over other forms of massage, the MTUS limits massage to 6 visits. Considering the injured worker has remained on modified duty, and the pain has not improved despite the recent similar treatments, the requested treatment is not medically necessary and appropriate.