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| Case Number: | CM15-0019394 | | |
| Date Assigned: | 02/09/2015 | Date of Injury: | 01/03/2013 |
| Decision Date: | 05/01/2015 | UR Denial Date: | 01/28/2015 |
| Priority: | Standard | Application Received: | 02/03/2015 |

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 40 year old female, who sustained an industrial injury on 2/22/13. She reported bilateral hand injury. The injured worker was diagnosed as having back pain. Treatment to date has included physical therapy, oral medications and home exercise program. Currently, the injured worker complains of back stiffness, low back pain, and shoulder pain, radicular pain in right and left arm with weakness in right and left arm. She also complains of hand pain, wrist pain and elbow pain. The injured worker continues to note substantial benefit of the medications to relieve symptoms. The treatment plan consisted of continuation of home exercise program, massage therapy and chiropractic sessions and oral medications including opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 2 times a week for 5 weeks for the Cervical, Bilateral Hands and Wrists:
 Upheld

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

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

Decision rationale: According to the guidelines, massage therapy is recommended. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, the claimant had undergone physical therapy and home exercise. Although the massage therapy may be beneficial, the request for 10 sessions exceeds the amount recommended by the guidelines and is not medically necessary.

Chiropractic Visits (2 times a week for 5 weeks) for the Cervical, Bilateral Hands and Wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58.

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

Decision rationale: According to the MTUS guidelines, Chiropractic therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. For Low back pain, therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. The therapeutic benefit for the hands and wrists are unknown. Functional response with 6 sessions are not known before allowing for 10 sessions of therapy. The request for 10 sessions of chiropractor therapy is not medically necessary.