

<b>Case Number:</b>	CM15-0146336		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	10/20/2014
<b>Decision Date:</b>	09/10/2015	<b>UR Denial Date:</b>	07/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 24 year old female, who sustained an industrial injury on October 20, 2014. Treatment to date has included twelve sessions of physical therapy, modified work duties, self-massage, home exercise program, and cervical traction unit. Currently, the injured worker complains of pain and notes that her symptoms are the same as her previous evaluation. She rates her pain a 4 on a 10-point scale and notes that she has difficulty driving long distances. She reports benefit from using a cervical traction unit and self-massage. On physical examination the injured worker has full range of motion of the bilateral fingers, wrists, elbows and shoulders. She has tightness over the bilateral trapezius and her neck range of motion is full. She has pain with lateral neck movement. A straight arm test causes paresthesia in the left hand and she has mild tenderness along the volar forearm and lateral medial epicondyles. Tinel sign is negative bilateral at the wrists and elbows. Her sensation is intact and she has no evidence of atrophy. The diagnoses associated with the request include bilateral repetitive stress injury and possible thoracic outlet syndrome. The treatment plan includes continued physical therapy, massage therapy, home exercise program and follow-up evaluation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical therapy evaluation and treatment 1 x 8 for the hands and wrists: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The patient presents with bilateral hand, wrist, forearm and neck pain rated 4/10. The request is for PHYSICAL THERAPY EVALUATION AND TREATMENT 1 X 8 FOR THE HANDS AND WRIST. The request for authorization is dated 06/03/15. Physical examination of the upper extremities shows full range of motion in the fingers, wrists, elbows and shoulders. There is tightness overlying the trapezius bilaterally. Neck range of motion is full, but there is pain when she moves in the lateral direction. Straight arm test causes paresthesias in the left hand. There is mild tenderness along the volar forearms as well as the lateral medial epicondyles. She still has difficulty driving long distances. She continues to use a cervical traction unit, which is very helpful. She continues with her home exercise program. Per progress report dated 07/08/15, the patient is on modified duty. MTUS Chronic Pain Management Guidelines, pages 98, 99 has the following: "Physical Medicine: recommended as indicated below. Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine." MTUS guidelines pages 98, 99 states that for "Myalgia and myositis, 9-10 visits are recommended over 8 weeks. For Neuralgia, neuritis, and radiculitis, 8-10 visits are recommended." Treater does not discuss the request. Given the patient's condition, a short course of physical therapy would be indicated. However, the treater does not discuss any flare-ups, explain why on-going therapy is needed, or reason the patient is unable to transition into a home exercise program. Additionally, per progress report dated 05/27/15, treater notes, "The patient has completed 16 of 18 approved sessions of physical therapy." In this case, the request for 8 additional sessions of physical therapy would exceed what is recommended by MTUS. Therefore, the request IS NOT medically necessary.

**Massage therapy 2 x 6 for the hands and wrists:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**Decision rationale:** The patient presents with bilateral hand, wrist, forearm and neck pain rated 4/10. The request is for MASSAGE THERAPY 2 X 6 FOR THE HANDS AND WRISTS. The request for authorization is dated 06/03/15. Physical examination of the upper extremities shows full range of motion in the fingers, wrists, elbows and shoulders. There is tightness overlying the trapezius bilaterally. Neck range of motion is full, but there is pain when she moves in the lateral direction. Straight arm test causes paresthesias in the left hand. There is mild tenderness along the volar forearms as well as the lateral medial epicondyles. She still has difficulty driving long distances. She continues to use a cervical traction unit, which is very helpful. She continues

with her home exercise program. Per progress report dated 07/08/15, the patient is on modified duty. MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Per progress report dated 07/08/15, treater's reason for the request is "She continues to do massage therapy on her own to help relax her muscles, although the effects are short lasting." Given the patient's condition, a course of massage therapy would be indicated. However, the request for 12 sessions of massage therapy would exceed what is recommended by MTUS. Therefore, the request IS NOT medically necessary.