

Case Number:	CM15-0168915		
Date Assigned:	09/09/2015	Date of Injury:	05/05/2015
Decision Date:	10/07/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/27/2015

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 54 year old female, who sustained an industrial injury on 5-05-2015. The injured worker was diagnosed as having interscapular myofascial strain, bilateral, and right elbow wrist tingling. Treatment to date has included massage therapy-one session "probably in May 2015", "that really helped". Currently (7-13-2015 and 7-22-2015), the injured worker complains of bilateral intrascapular myofascial pain and right elbow to wrist tingling. She reported that her arm goes to sleep at night, waking her up usually at 4-5am, and steady pain and tingling from her shoulder to hand. Current medications were listed as "none". Exam of her neck revealed mild tenderness with increase in muscle tone bilaterally along the interscapular myofascial tissue with a trigger point in the right interscapular myofascial tissue. There was full range of motion in the neck, noting that the neck felt really tight with extension at the base of the neck. There was full range of motion of both wrists without pain. Right grip strength was 38 and left was 28. The treatment plan included massage therapy (2x3), occupational therapy (2x3), and physical therapy (2x3), for the right elbow to wrist. She was able to continue "regular work".

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2x3 right elbow to wrist, tingling: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: Review indicates the patient may have had one massage therapy session in May 2015. Massage may be recommended as an optional treatment to relieve acute postoperative pain in patient who had major surgery, in chronic pain syndromes, or for stress and anxiety disorders, not identified here with diagnosis of myofascial strain and possible ulnar neuropathy and bilateral CTS. Guidelines have no recommendation for massage therapy for elbow and wrist complaints. This treatment should only be as an adjunct to other recommended treatment such as an active exercise program, and should be limited to 4-6 visits in most cases as scientific studies show contradictory results. Furthermore, although massage may be beneficial in attenuating diffuse musculoskeletal pain symptoms; however, many studies lack long-term follow-up and beneficial effects were registered only during treatment, not thereafter. 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. Submitted reports have not demonstrated specific clinical findings, diagnosis, acute flare-up or progressive deterioration to support for this request without functional benefit if any from any treatment previously rendered. The Massage therapy 2x3 right elbow to wrist, tingling is not medically necessary or appropriate.

Occupational therapy 2x3 right elbow to wrist, tingling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114 Official Disability Guidelines (ODG), Elbow Chapter, Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: Review indicates the patient has elbow and wrist complaints. Clinical findings show positive Phalen's and Tinel's; otherwise there is full range of motion of elbows and wrists without tenderness on movement and with intact motor strength and sensation. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Review of submitted reports noted the patient has clinical findings of normal range, good strength with normal sensation and reflexes. Clinical reports submitted also had no focal neurological deficits or ADL limitation to support for therapy treatment. There is no evidence documenting clear goals to be reached and when the patient has no defined deficits. The Pain Guidelines allow for visits of therapy with fading of treatment to an independent self-directed home program. It is unclear if the employee has received therapy sessions; however, is without demonstrated necessity or indication to allow for current therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT. Submitted reports have not adequately demonstrated the indication to support for the therapy. The Occupational therapy 2x3 right elbow to wrist, tingling is not medically necessary or appropriate.

Physical therapy 2x3 right elbow to wrist, tingling: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Pain, Suffering, and the Restoration of Function Chapter, page 114 Official Disability Guidelines (ODG), Elbow Chapter, Carpal Tunnel Syndrome Chapter.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Physical Methods.

Decision rationale: Review indicates the patient has elbow and wrist complaints. Clinical findings show positive Phalen's and Tinel's; otherwise there is full range of motion of elbows and wrists without tenderness on movement and with intact motor strength and sensation. Therapy is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. Review of submitted reports noted the patient has clinical findings of normal range, good strength with normal sensation and reflexes. Clinical reports submitted also had no focal neurological deficits or ADL limitation to support for therapy treatment. There is no evidence documenting clear goals to be reached and when the patient has no defined deficits. The Pain Guidelines allow for visits of therapy with fading of treatment to an independent self-directed home program. It is unclear if the employee has received therapy sessions; however, is without demonstrated necessity or indication to allow for current therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT. Submitted reports have not adequately demonstrated the indication to support for the therapy. The Physical therapy 2x3 right elbow to wrist, tingling is not medically necessary or appropriate.