

Case Number:	CM15-0191838		
Date Assigned:	10/05/2015	Date of Injury:	06/23/2015
Decision Date:	11/13/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/29/2015

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 38 year old female who sustained an industrial injury on 6-23-15. The medical records indicate that the injured worker was treated for carpal tunnel syndrome; repetitive strain injury; myofascial pain syndrome; bilateral lateral epicondylitis; bilateral wrist strain; bilateral wrist tendonitis. She currently (8-26-15) complains of consistent bilateral upper extremity pain including shoulder, wrists, hands and arm pain. The injured worker reports numbness and tingling of the wrists and hands. Her pain level is 7 out of 10 and she reports sleep difficulties. On physical exam of the cervical spine, there was decreased range of motion; bilateral elbows and wrists revealed tenderness, swelling and decreased motor strength. Tinel's test and Phalen's Sign were positive. She had an electromyography (7-2015) no results present. She has been treated with medications offering temporary relief and include Celebrex, Motrin; physical therapy with limited benefit (8-26-15 note, number of prior sessions and body part were not present). The request for authorization dated 8-26-15 was for physical therapy 2 times per week for 4 weeks; infrared and myofascial release for 3 weeks to bilateral wrists. On 9-2-15 Utilization Review non-certified the requests for physical therapy 2 times per week for 4 weeks; infrared and myofascial release 2 times a week for 3 weeks to the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy 2 times a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004, and Elbow Complaints 2007, and Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Forearm, Wrist, and Hand (updated 06/29/15) Online Version; ODG Shoulder (updated 08/06/15) Online version: ODG Elbow (updated 06/23/15) Online version.

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

Decision rationale: Based on the 8/26/15 progress report provided by the treating physician, this patient presents with constant bilateral upper extremity pain including shoulder, elbow, wrists, hands, and arms with numbness/tingling in wrists/hands, rated 7/10 on VAS scale. The treater has asked for physical therapy 2 times a week for 4 weeks on 8/26/15. The patient's diagnoses per request for authorization dated 8/26/15 are CTS, bilateral lateral epicondylitis, bilateral wrist strain, and MPS. The patient is s/p physical therapy with limited benefit, and medications with temporary benefit (currently on Motrin) per 8/26/15 report. The patient is currently having pain associated with temperature changes, and also has severe difficulty sleeping per 8/26/15 report. The patient is to discontinue Motrin and initiate Celebrex per 8/26/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Physical Medicine section, pages 98 and 99 states: "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." The treater does not discuss this request in the reports provided. Per utilization review letter dated 9/2/15, the patient had 6 initial physical therapy visits of unspecified dates, for the bilateral wrists with limited benefit. MTUS only allows for 8-10 sessions in non-operative cases. Combined with the 6 prior physical therapy sessions for the bilateral wrists, the treater's current request for 6 additional sessions exceeds guideline recommendations. Hence, the request is not medically necessary.

Infrared and myofascial release 2 times a week for 3 weeks to bilateral wrists: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004. Decision based on Non-MTUS Citation <http://www.ncbi.nlm.nih.gov/pubmed/25603749>.

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

Decision rationale: Based on the 8/26/15 progress report provided by the treating physician, this patient presents with constant bilateral upper extremity pain including shoulder, elbow, wrists, hands, and arms with numbness/tingling in wrists/hands, rated 7/10 on VAS scale. The treater has asked for infrared and myofascial release 2 times a week for 3 weeks to bilateral wrist on 8/26/15. The patient's diagnoses per request for authorization dated 8/26/15 are CTS, bilateral

lateral epicondylitis, bilateral wrist strain, and MPS. The patient is s/p physical therapy with limited benefit, and medications with temporary benefit (currently on Motrin) per 8/26/15 report. The patient is currently having pain associated with temperature changes, and also has severe difficulty sleeping per 8/26/15 report. The patient is to discontinue Motrin and initiate Celebrex per 8/26/15 report. The patient's work status is not included in the provided documentation. MTUS Guidelines, Massage therapy section, pg 60 states: "Recommended as an option as indicated below. 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. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. 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. (Hasson, 2004)" The treater does not discuss this request in the reports provided. UR letter dated 9/2/15 denies request as the concurrent request for electro-acupuncture was certified and "should first be assessed prior to considering additional treatment modalities." Review of the medical records provided did not indicate prior massage therapy. Given the patient's condition, a short course of therapy of 4-6 sessions would be appropriate. The requested initial trial of 6 sessions of massage therapy for the bilateral wrists is in accordance with MTUS guidelines. Hence, the request is medically necessary.