

Case Number:	CM15-0203146		
Date Assigned:	10/19/2015	Date of Injury:	04/18/2002
Decision Date:	12/01/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/15/2015

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: Chiropractor, Oriental 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 73 year old female who sustained an industrial injury April 18, 2002. According to the primary treating orthopedic physician's follow-up report dated July 20, 2015, the injured worker had attended six sessions of deep tissue massage therapy with improvement to condition, November 5, 2014-December 15, 2014. She also underwent 12 sessions of acupuncture therapy with relief March 24, 2014-July 27, 2014. She also attended physical therapy, 10 sessions, with benefit (not dated). According to a primary treating orthopedic physician's evaluation dated September 21, 2015, the injured worker presented with complaints of constant moderate pain in her left arm, left wrist, and left hand, rated 6 out of 10, with related numbness and tingling sensations in her left wrist and hand. She also reported tightness in her bilateral shoulders, right greater than left. Objective findings included; palpable tenderness in the right scapular region; tenderness to palpation of the left wrist and hand with mildly limited ranges of motion in the left hand, wrist and arm. Diagnoses are cervical radiculitis, status post cervical epidurals x 3; bilateral periscapular myofascial strain; left cubital tunnel syndrome; left Guyon's canal compression. At issue, is the request for authorization for acupuncture, 8 sessions (originally requested July 21, 2015). According to utilization review dated October 1, 2015, the request for (8) Acupuncture Sessions with Deep Tissue Massage is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Acupuncture sessions with Deep Tissue Massages: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment 2007.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment 2007, and Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: According to the Acupuncture Treatment guidelines, acupuncture may be extended with documentation of functional improvement. According to the report dated 7/20/2015 the patient completed 18 acupuncture session with relief of symptoms. In addition, the patient recently received acupuncture on 7/21/15. There was no objective documentation regarding functional improvement from past acupuncture session. Therefore, the provider's request for 8 additional acupuncture sessions is not medically necessary. In regards to deep tissue massage, the guidelines recommend massage therapy for chronic pain. It states that the treatment should be an adjunct to other recommended treatments and should be limited to 4-6 visits in most cases. For this case, the provider's request for massage therapy is not medically necessary. The provider's request exceeds the guidelines recommendation and the request for acupuncture was not medically necessary.