

<b>Case Number:</b>	CM15-0205712		
<b>Date Assigned:</b>	10/22/2015	<b>Date of Injury:</b>	03/03/2010
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Hawaii  
 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 59-year-old female, with a reported date of injury of 03-03-2010. The diagnoses include left elbow lateral epicondylitis, right elbow medial epicondylitis, shoulder joint pain, and pain in right shoulder. The medical report dated 09-24-2015 indicates that the injured worker had ongoing status posturing repetitive strain injury to her upper extremities. She returned to work and continued to do modified work. The injured worker recently underwent draining of the cyst of the right hand. It was noted that there was no particular change in her symptoms. It was also noted that the injured worker wanted to continue with her massage treatment to the shoulders once a month and 18 acupuncture visits per year. The medical records did not include the acupuncture or massage therapy reports. The diagnostic studies to date have included an MRI of the cervical spine on 09-01-2011 which showed mild canal stenosis at C4-5 and C5-6 and moderate right C6-7 neural foraminal narrowing. Treatments and evaluation to date have included psychological treatment, physical therapy, massage, acupuncture, hydrocodone, Cymbalta, and Vicodin. The request for authorization was dated 10-07-2015. The treating physicians requested eighteen (18) acupuncture sessions per year and massage therapy for the neck and shoulder one per month for twelve months. On 10-13-2015, Utilization Review (UR) non-certified the request for requested eighteen (18) acupuncture sessions per year and massage therapy for the neck and shoulder for one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupuncture x18 visits per year: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** The patient presents with pain affecting the neck, left upper extremity, and bilateral shoulders. The current request is for Acupuncture x18 visits per year. Review of the Acupuncture Medical Treatment Guidelines (AMTG) supports acupuncture for 3-6 treatments and treatments may be extended if functional improvement is documented. The guidelines go on to state "Frequency: 1 to 3 times per week, Optimum duration: 1 to 2 month." In this case, the current request of 18 visits per year is excessive and does not satisfy the AMTG guidelines as it only supports treatment beyond 3-6 visits if functional improvement is documented.

Furthermore, there is no rationale by the physician in the documents provided as to why the patient requires treatment above and beyond the AMTG guidelines. Additionally, the MTUS guidelines do not support an open ended request. The current request is not medically necessary.

**Massage therapy: Neck and shoulder x1 month: Upheld**

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

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

**Decision rationale:** The patient presents with pain affecting the neck, left upper extremity, and bilateral shoulders. The current request is for Massage therapy: Neck and shoulder x 1 month. The requesting treating physician report dated 9/24/15 (95B) provides no rationale for the current request. The MTUS guidelines page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. In this case, the current request does not specify a quantity of massage therapy sessions to be received by the patient and therefore it is unclear if the current request exceeds the 4-6 sessions recommended by the MTUS guidelines. Furthermore, the MTUS guidelines do not support an open ended request. The current request does not satisfy the MTUS guidelines as outlined on page 60. The current request is not medically necessary.