

Case Number:	CM15-0084351		
Date Assigned:	05/06/2015	Date of Injury:	03/10/2008
Decision Date:	06/05/2015	UR Denial Date:	04/07/2015
Priority:	Standard	Application Received:	05/01/2015

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 52 year old female, who sustained an industrial injury on March 10, 2008 while working at a clinic. The injured worker experienced a sharp pain in the wrist while setting down a patients chart. The injured worker has been treated for bilateral wrist and hand complaints. The diagnoses have included bilateral wrist pain and bilateral carpal tunnel release. Treatment to date has included medications, radiological studies, electrodiagnostic studies, physical therapy, splints, home exercise program and bilateral carpal tunnel release surgery. Current documentation dated March 9, 2015 notes that the injured worker reported bilateral wrist pain. Examination of the right thumb revealed tenderness to palpation along the radial side. Left hand revealed soreness of the carpal tunnel area and a positive Tinel's sign in the palm. The treating physician's plan of care included a request for therapeutic treatment two times a week for three weeks for the bilateral wrists and soft manual treatment two times a week for three weeks for the bilateral wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapeutic treatment 2 times a week for 3 weeks of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Manual therapy & manipulation Page(s): 99, 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy, pages 98-99.

Decision rationale: Per ODG, myofascial pain is defined as pain or autonomic phenomena associated with range of motion dysfunction referred from active trigger points, a focus of hyperirritability in a palpable taut band of skeletal muscle that, when compressed, is locally tender and, if sensitized, gives rise to referred pain and tenderness. The therapy for myofascial pain requires enhancing central inhibition through pharmacology or behavioral techniques and simultaneously reducing peripheral inputs through physical therapies including exercises and trigger point-specific therapy. Per Guidelines, due to a lack of research, treatment is not recommended as long-term clinical efficacy of most treatment for trigger points and myofascial pain has not been determined. Submitted reports have not adequately demonstrated specific clinical findings of myofascial etiology nor show functional benefit from previous treatment modalities. Physical 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. However, there is no clear measurable evidence of progress with the PT treatment already rendered including milestones of increased ROM, strength, and functional capacity. Review of submitted physician reports show no evidence of functional benefit, unchanged chronic symptom complaints, clinical findings, and functional status. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. It appears the employee has received significant therapy sessions without demonstrated evidence of functional improvement to allow for additional therapy treatments. There is no report of acute flare-up, new injuries, or change in symptom or clinical findings to support for formal PT in a patient that has been instructed on a home exercise program for this chronic injury. Submitted reports have not adequately demonstrated the indication to support further physical therapy when prior treatment rendered has not resulted in any functional benefit. The Therapeutic treatment 2 times a week for 3 weeks of the bilateral wrists is not medically necessary and appropriate.

Soft manual treatment 2 times a week for 3 weeks of the bilateral wrists: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Guidelines, Manual therapy & manipulation Page(s): 99, 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved work/functional status from treatment already rendered

by previous chiropractic care. Clinical exam remains unchanged without acute flare-up or new red-flag findings. It appears the patient has received an extensive conservative treatment trial; however, remains unchanged without functional restoration approach. The Soft manual treatment 2 times a week for 3 weeks of the bilateral wrists is not medically necessary and appropriate.