

Case Number:	CM14-0141656		
Date Assigned:	09/12/2014	Date of Injury:	02/14/2012
Decision Date:	11/12/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/02/2014

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. The expert reviewer is Board Certified in Internal Medicine, and is licensed to practice in Maryland. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 employee was a 40 year old female who sustained an industrial injury on 02/14/12. She had bilateral wrist, forearm and elbow pain. She was status post bilateral carpal tunnel syndrome release. Her treatment included Physical therapy, injection treatment, acupuncture and medications. Her medications included Gabapentin and Ketoprofen. She also had back pain. Her diagnoses included bilateral wrist flexor and extensor tendinitis, carpal tunnel syndrome, middle and ring trigger fingers, scapulothoracic bursitis on left side and thoracolumbar contusion. Her progress note from April, May and June of 2014 were reviewed. She had bilateral hand and wrist pain. She had tenderness in bilateral wrist, forearm and elbow region. She was recommended to use Ketoprofen topical and Gabapentin. She was also recommended to undergo electro-acupuncture treatment. On July 31, 2014, she was seen by the treating provider. She had bilateral wrist and hand pain with local tenderness and well healed scars. Her diagnoses were same as above. The plan of care was electro-acupuncture treatment. The request was for infrared therapy and myofascial release.

IMR ISSUES, DECISIONS AND RATIONALES

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

Infrared Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low back chapter, Infrared therapy

Decision rationale: The employee was a 40 year old female who sustained an industrial injury on 02/14/12. She had bilateral wrist, forearm and elbow pain. She was status post bilateral carpal tunnel syndrome release. Her treatment included Physical therapy, injection treatment, acupuncture and medications. Her medications included Gabapentin and Ketoprofen. She also had back pain. Her diagnoses included bilateral wrist flexor and extensor tendinitis, carpal tunnel syndrome, middle and ring trigger fingers, scapulothoracic bursitis on left side and thoracolumbar contusion. Her progress note from April, May and June of 2014 were reviewed. She had bilateral hand and wrist pain. She had tenderness in bilateral wrist, forearm and elbow region. She was recommended to use Ketoprofen topical and Gabapentin. She was also recommended to undergo electro-acupuncture treatment. On July 31, 2014, she was seen by the treating provider. She had bilateral wrist and hand pain with local tenderness and well healed scars. Her diagnoses were same as above. The plan of care was electro-acupuncture treatment. The request was for infrared therapy and myofascial release. According to Official Disability Guidelines, infrared therapy is not recommended over other heat therapies. Where deep heating is desirable, providers may consider a limited trial of IR therapy for treatment of acute pain, but only if used as an adjunct to a program of evidence based conservative care like exercise. The employee had multiple joint pain and the provided medical records fail to reveal any use of home heat therapy. There is no documentation submitted that a trial of home application of heat was not beneficial. Hence the request for infrared therapy is not medically necessary or appropriate.

Myofascial Release: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: The employee was a 40 year old female who sustained an industrial injury on 02/14/12. She had bilateral wrist, forearm and elbow pain. She was status post bilateral carpal tunnel syndrome release. Her treatment included Physical therapy, injection treatment, acupuncture and medications. Her medications included Gabapentin and Ketoprofen. She also had back pain. Her diagnoses included bilateral wrist flexor and extensor tendinitis, carpal tunnel syndrome, middle and ring trigger fingers, scapulothoracic bursitis on left side and thoracolumbar contusion. Her progress note from April, May and June of 2014 were reviewed. She had bilateral hand and wrist pain. She had tenderness in bilateral wrist, forearm and elbow region. She was recommended to use Ketoprofen topical and Gabapentin. She was also recommended to undergo electro-acupuncture treatment. On July 31, 2014, she was seen by the treating provider. She had bilateral wrist and hand pain with local tenderness and well healed scars. Her diagnoses were same as above. The plan of care was electro-acupuncture treatment. The request was for infrared therapy and myofascial release. According to MTUS Chronic Pain Medical Treatment guidelines, myotherapy and massage therapy should be an adjunct to other

recommended treatment like exercise. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. A request for electro-acupuncture was certified. Given the diffuse musculoskeletal pain and tendinitis, the request for myofascial release trial is medically necessary and appropriate.