

Case Number:	CM14-0094545		
Date Assigned:	07/25/2014	Date of Injury:	02/01/2012
Decision Date:	09/18/2014	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/20/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 54-year-old woman who reported an injury on 02/01/2012 due to cumulative trauma. Diagnoses were bilateral hand pain, carpal tunnel disease, and multilevel degenerative disc disease. Past treatments were physical therapy and epidural steroid injections. Diagnostic studies were an Electromyography (EMG) that revealed no radiculopathy, a CT scan of the cervical spine on 01/28/2014 that showed multilevel changes and neural foraminal compromise. At the C6-7, there was a 3 mm osteophyte with mild right sided neural foraminal stenosis. At the C5-6, there was a 4 mm ridge with bilateral facet changes, moderate right sided foraminal stenosis and mild left sided foraminal stenosis. At C4-5, there was a 4 mm ridge with facet changes, moderate right and mild left foraminal stenosis. Also, there was a CT of the left shoulder which revealed mild glenohumeral joint osteoarthritis and moderate acromioclavicular joint arthropathy. Past surgical history was a tonsillectomy, appendectomy, left knee surgery, gastric bypass, pacemaker, and thyroidectomy. The physical examination on 04/21/2014 revealed complaints of bilateral hand pain times 2 years. It was reported the left wrist was worse than the right. There was no history of prior neck surgery. There was no report of prior neck injections. The examination revealed active trigger points were present in the bilateral upper trapezius muscles. There was elevated right shoulder on posture examination. Tinel's sign was positive bilaterally. There was a positive bilateral Phalen's test and a negative Hoffmann's sign. Sensory, motor, and reflexes were intact in the upper extremities. Cervical spine revealed decreased extension. Medications were oxycodone 60 mg 1 twice a day, morphine 15 mg 1 twice a day, Levothroid, iron, and vitamin D. The treatment plan was for a referral to an orthopedic surgeon for the cervical spine and left shoulder, home health, and massage therapy times 12 sessions. The rationale and Request for Authorization were not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Referral to orthopedic surgeon for the cervical spine and left shoulder: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back, Shoulder Procedure Summary.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper back.

Decision rationale: The Official Disability Guidelines state office visits are determined to be medically necessary. Evaluation and management for outpatient visits to offices of medical doctors play a critical role in the proper diagnosis and return to function of an injured worker and they should be encouraged. The need for a clinical office visit with a health care provider is individualized based upon a review of the injured worker's concerns, signs and symptoms, clinical stability, and reasonable physician judgment. The determination is also based on what medications the injured worker is taking, since some medicines such as opiates or medicines such as certain antibiotics require close monitoring. As injured worker conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best injured worker outcomes are achieved with eventual injured worker independence from the health care system through self-care as soon as clinically feasible. Due to the multilevel changes and neural foraminal compromise, the office visit referral is medically necessary and appropriate.

Home health: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain, Home Health.

Decision rationale: The Official Disability Guidelines for home health services state that they are only for medical treatment of injured workers who are homebound, on a part time or intermittent basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The medical necessity for home health was not reported. It was not reported why the injured worker needed home health. Therefore, the request is not medically necessary.

Massage therapy for 12 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy.

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

Decision rationale: The California Medical Treatment Utilization Schedule recommends this as an option. This treatment should be in adjunct to other recommended treatment (e.g., exercise), and it should be limited to 4 to 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. Massage is an effective adjunct treatment to relieve acute postoperative pain in injured workers who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. The medical necessity was not reported. Also, the request exceeds the recommended guidelines of 4 to 6 visits. Therefore, the request is not medically necessary.