

Case Number:	CM14-0210548		
Date Assigned:	12/23/2014	Date of Injury:	10/15/2007
Decision Date:	02/19/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/16/2014

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. 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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

This employee is a 52 year old female with date of injury of 10/15/2007. A review of the medical records indicate that the patient is undergoing treatment for complex regional pain syndrome in the right upper limb. Subjective complaints include continued pain and stiffness in the right hand, wrist, elbow, and shoulder. Objective findings include limited range of motion of the right shoulder with tenderness of the right hand upon palpation. Treatment has included a functional restoration program, cyclobenzaprine, and vicodin. The utilization review dated 2/3/2014 non-certified a 6 month gym membership, 12 sessions of acupuncture, 12 paraffin treatments, and 12 sessions of mirror therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gym membership 6 month in provider functional center: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Gym Membership.

Decision rationale: The MTUS guidelines are silent as to gym memberships so the Official Disability Guidelines were consulted. ODG states, "Gym memberships are not recommended as a medical prescription unless a documented home exercise program with periodic assessment and revision has not been effective and there is a need for equipment." The Official Disability Guidelines go on to state, "Furthermore, treatment needs to be monitored and administered by medical professionals." The treatment notes do not detail what revisions to the physical therapy home plan has been attempted and/or failed that would necessitate the use of gym membership. As such, the request for gym membership for 6 months is not medically necessary.

Acupuncture twice monthly for 6 months (x12): Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Acupuncture.

Decision rationale: MTUS Acupuncture Medical Treatment Guidelines state that "acupuncture is used as an option when pain medication is reduced or not tolerated; it may be used as an adjunct to physical rehabilitation and/or surgical intervention to hasten functional recovery." The medical documents did not provide detail regarding patient's increase or decrease in pain medication. Further, there was no evidence to support that this treatment would be utilized as an adjunct to physical rehabilitation or surgical intervention to hasten functional recovery. Additionally, medical documents do not indicate that a pain medication is not tolerated. ODG states regarding Acupuncture of the neck and upper back, "Under study for upper back, but not recommended for neck pain." Additionally, "ODG Acupuncture Guidelines: Initial trial of 3-4 visits over 2 weeks." Medical notes do not appear to indicate prior acupuncture sessions. The request for 12 visits is in excess of the recommended 3-4 sessions. The treating physician does not detail extenuating circumstances that would warrant exception to the guidelines. As such, the request for acupuncture treatment x12 is not medically necessary.

Paraffin treatments twice monthly for 6 months (x 12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Complex Regional Pain Syndrome Page(s): 34-41. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Forearm, Wrist & Hand, Paraffin wax baths.

Decision rationale: While MTUS specifically address CRPS, it is silent in regards to portable paraffin bath unit treatments for CRPS or any other medical problems. MTUS does state that treatment for CRPS should focus on rehabilitation (careful physical therapy), psychological treatment, and pain management. ODG specifically states "Recommended as an option for

arthritic hands if used as an adjunct to a program of evidence-based conservative care (exercise). According to a Cochrane review, paraffin wax baths combined with exercises can be recommended for beneficial short-term effects for arthritic hands. These conclusions are limited by methodological considerations such as the poor quality of trials." The medical documents provided did not outline the rationale for a portable paraffin bath unit. Additionally, there was no documentation provided leading up to the request for portable paraffin bath unit. Of the medical documentation provided, none discussed the patient having a diagnosis of arthritis or findings suggestive of arthritis. As such, the request for paraffin treatments twice monthly for 6 months (x 12) is not medically necessary.

Mirror therapy twice monthly for 6 months (x 12): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation www.hss.ed/professional-conditions_using-mirror_therapy-to-reduce-pain-and-improve-movement.asp

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PubMed: <http://www.ncbi.nlm.nih.gov/pubmed/22051561>.

Decision rationale: ACOEM, MTUS, and ODG are silent regarding mirror therapy. Peer-reviewed journal article titled, "Mirror Box Therapy - Seeing is Believing Explore" stated, "Mind-body modalities are thought to play a role; however, the lack of clear consensus and large body of clinical experience makes it hard to provide good evidence-based recommendations to most of our chronic pain patients." As this type of physical therapy would be considered a passive modality and it is not supported by scientific evidence-based studies, this type of treatment for complex regional pain syndrome would not be supported. As such, the requested mirror therapy twice monthly for 6 months (x 12) is not medically necessary and appropriate.