MAXIMUS Federal Services

| Case Number: | CM14-0217065 | | |
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| Date Assigned: | 01/06/2015 | Date of Injury: | 01/01/2011 |
| Decision Date: | 03/03/2015 | UR Denial Date: | 12/18/2014 |
| Priority: | Standard | Application Received: | 12/29/2014 |

## 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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, Neuromuscular 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:

The injured worker sustained a work related injury on January 1, 2011. The exact mechanism of the work related injury and body parts involved was not included in the documentation provided. The injured worker was noted to have undergone elbow surgery in 2005. A right wrist MRI dated April 22, 2013, was noted to show a 9x6 mm ganglion cyst volar right wrist beneath the distal right radial styloid. A right elbow MRI dated April 22, 2013, was noted to show post-surgical changes conjoined extensor tendon with no evidence of recurrent tear or tendinopathy. Copies of the surgical report and MRI studies were not included in the documentation provided. An orthopedic visit dated November 21, 2014, noted the injured worker with complaints of right shoulder pain, bilateral arm pain, bilateral elbow pain, and bilateral wrist pain. The Physician noted the injured worker was markedly improved with physical therapy. The injured worker was noted to have completed a full complement of physical therapy and was currently doing a home exercise program, with a periodic need for massage and manipulation. Physical examination was noted to show right shoulder mild tenderness to palpation at the trapezius, with full motion and only mildly positive impingement signs. The right forearm was noted to have mild tenderness to palpation with moderate tenderness to palpation of the bilateral elbows. The bilateral wrists were noted to have moderate tenderness to palpation at the first dorsal wrist compartment, markedly improved from prior examinations. The Physician noted the overall physical examination markedly improved. The diagnoses were noted as medial and lateral epicondylitis of the bilateral elbow regions, chronic pain syndrome, right shoulder subacromial impingement syndrome, and bilateral De Quervain's tenosynovitis. The Physician requested authorization for

massage therapy two to four visits per month for the bilateral elbows, right shoulder, and bilateral wrists, and a therapist supervised gym program for six months.On December 18, 2014, Utilization Review evaluated the request for massage therapy two to four visits per month for the bilateral elbows, right shoulder, and bilateral wrists, and a therapist supervised gym program for six months, citing the MTUS Chronic Pain Medical Treatment Guidelines, and the Official Disability Guidelines (ODG), Low Back Chapter. The UR Physician noted that the massage therapy for multiple body parts was not an adjunct to other treatments, and the guideline criteria had not been met, therefore, massage therapy two to four visits per month for the bilateral elbows, right shoulder, and bilateral wrists was not medically necessary. The UR Physician noted that there was no documentation of a need for special equipment and/or a trial and failure of a home exercise program, and the request for therapist supervised gym program for six months would not be considered medical in nature as it would not be monitored by a medical professional. The UR Physician noted the request for a therapist supervised gym program for six months was not medically necessary. The decisions were subsequently appealed to Independent Medical Review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 2-4 visits per month for the bilateral elbow, right shoulder and bilateral wrists:** Upheld

**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 Physical Medicine Page(s): 98.

**Decision rationale:** According to MTUS guidelines, Physical Medicine is 'Recommended as indicated below. Passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. Active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort by the individual to complete a specific exercise or task. This form of therapy may require supervision from a therapist or medical provider such as verbal, visual and/or tactile instruction(s). Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Home exercise can include exercise with or without mechanical assistance or resistance and functional activities with assistive devices.(Colorado, 2002) (Airaksinen, 2006) Patient-specific hand therapy is very important in reducing swelling, decreasing pain, and improving range of motion in CRPS. (Li, 2005) The use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. In a large case series of patients with low back pain treated

by physical therapists, those adhering to guidelines for active rather than passive treatments incurred fewer treatment visits, cost less, and had less pain and less disability. The overall success rates were 64.7% among those adhering to the active treatment recommendations versus 36.5% for passive treatment. (Fritz, 2007).'There is no documentation of objective findings that support musculoskeletal dysfunction requiring more physical therapy. The patient underwent several sessions of physical therapy without documentation of the outcome of these sessions. There is no documentation that the patient cannot do home exercise. Therefore Additional physical therapy for Massage therapy 2-4 visits per month for the bilateral elbow, right shoulder and bilateral wrists is not medically necessary.

**Gym program (therapist supervised) for 6 months:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG- Low Back Chapter, Gym membership

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments: Exercise Page(s): 46.

**Decision rationale:** According to MTUS guidelines, an exercise program is recommended. 'There is strong evidence that exercise programs, including aerobic conditioning and strengthening, are superior to treatment programs that do not include exercise. There is no sufficient evidence to support the recommendation of any particular exercise regimen over any other exercise regimen. A therapeutic exercise program should be initiated at the start of any treatment or rehabilitation program, unless exercise is contraindicated. Such programs should emphasize education, independence, and the importance of an on-going exercise regime.' According to ODG guidelines, Gym memberships ' 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. Plus, treatment needs to be monitored and administered by medical professionals. While an individual exercise program is of course recommended, more elaborate personal care where outcomes are not monitored by a health professional, such as gym memberships or advanced home exercise equipment, may not be covered under this guideline, although temporary transitional exercise programs may be appropriate for patients who need more supervision. With unsupervised programs, there is no information flow back to the provider, so he or she can make changes in the prescription, and there may be risk of further injury to the patient. Gym memberships, health clubs, swimming pools, athletic clubs, etc., would not generally be considered medical treatment, and are therefore not covered under these guidelines.' The request does not address who will be monitoring the patient attendance and functional improvement. In addition, there is no clear documentation of the instauration of supervised home exercise program in parallel to the request of a Gym program. . Therefore, the request for gym program (therapist supervised) for 6 months is not medically necessary.