

Case Number:	CM15-0110401		
Date Assigned:	06/17/2015	Date of Injury:	09/08/2010
Decision Date:	07/15/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/09/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 51-year-old female, who sustained an industrial/work injury on 9/8/10. She reported initial complaints of neck, shoulder, and upper extremity pain. The injured worker was diagnosed as having cervicobrachial syndrome, carpal tunnel syndrome, and lateral epicondylitis. Treatment to date has included medication, acupuncture, massage therapy, physical therapy. MRI results were reported on 10/10/13 revealed a 2 mm disc bulge at C6-7 and C4-5. X-Rays results were reported on 10/21/10 and revealed 1 mm anterolisthesis of C6 on C7, slight narrowing of C5-6 disc space. Currently, the injured worker complains of bilateral shoulder pain with radiation into the upper extremities and decreased grip strength. Pain is rated 7/10. Per the primary physician's progress report (PR-2) on 5/28/15, examination revealed decreased grip strength graded 3/5, palpable tightness in the trapezius and cervicobrachial musculature. Current plan of care included continuing conservative treatment. The requested treatments include hand therapy and Massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hand therapy 6 sessions: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), carpal tunnel syndrome.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

Decision rationale: The claimant sustained a work injury in September 2010 and continues to be treated for bilateral upper extremity pain. When seen, pain was rated at 7/10 and exacerbated while typing at work. She had completed three massage therapy sessions referenced as relieving tension and making her feel more comfortable at work. She had not had previous therapy for her hands. Physical examination findings included decreased grip strength and cervical and trapezius muscle tightness. In terms of physical therapy treatment for this condition, guidelines recommend a six visit clinical trial with a formal reassessment prior to continuing therapy. In this case, the number of visits requested is consistent with guideline recommendations and is medically necessary.

Massage therapy 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

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

Decision rationale: The claimant sustained a work injury in September 2010 and continues to be treated for bilateral upper extremity pain. When seen, pain was rated at 7/10 and exacerbated while typing at work. She had completed three massage therapy sessions referenced as relieving tension and making her feel more comfortable at work. She had not had previous therapy for her hands. Physical examination findings included decreased grip strength and cervical and trapezius muscle tightness. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, the number of additional treatment sessions being requested is in excess of guideline recommendations and is not medically necessary.