

Case Number:	CM15-0122310		
Date Assigned:	07/07/2015	Date of Injury:	03/07/2014
Decision Date:	07/31/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/24/2015

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: California

Certification(s)/Specialty: Family Practice

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 26-year-old female, who sustained an industrial injury on 03/07/2014. She has reported injury to the right upper extremity. The diagnoses have included brachial plexus lesions; and thoracic outlet syndrome. Treatment to date has included medications, diagnostics, physical therapy, and home exercise program. Medications have included Gabapentin. A progress note from the treating physician, dated 05/13/2015, documented a follow-up visit with the injured worker. The injured worker reported right upper extremity pain; she noted a slight improvement in symptoms since her previous visit; she attributes this to continuing with home exercises as learned in physical therapy; she has burning in her right arm that extends from her elbow to her right wrist, with intermittent numbness and tingling; she also has left upper extremity symptoms; pain is made worse with heavy lifting, sleeping on her arms bent, and has an increase in symptoms towards the end of the day and towards the end of the week; twelve sessions of physical therapy were completed and she obtained a foam roller; she uses Gabapentin at night for neuropathic pain and it helps to decrease her symptoms; and she had surgical consultation and was offered surgery, which included cubital tunnel release and carpal tunnel release, but she wishes to proceed with conservative treatment. Objective findings included appears in no acute distress; normal muscle tone without atrophy in the right upper extremity; and muscle strength of the right upper extremity is 5/5. The treatment plan has included the request for six (6) sessions of massage therapy; and chiropractic treatment, twelve (12) visits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions of massage therapy: 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 MTUS/Chronic Pain Medical Treatment guidelines comment on the use of massage therapy as a treatment modality. Massage therapy is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 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. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In this case, the records provided indicate that the patient has received approximately 12 sessions of massage therapy. This number of sessions exceeds the MTUS recommendations. Further, there is insufficient documentation in the medical records to support the medical necessity of additional sessions. There is insufficient evidence that these prior sessions have been associated with improved functional outcomes and a decrease in the use of analgesic medications. For these reasons, an additional 6 sessions of massage therapy is not medically necessary.

Chiropractic treatment, twelve (12) visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of chiropractic therapy as a treatment modality. These guidelines provide specific recommendations as to the number of sessions and the expectations to document functional outcomes. Specifically, the guidelines state the following: Low back: Recommended as an option. Therapeutic care: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks. Elective/maintenance care: Not medically necessary. Recurrences/flare-ups: Need to re-evaluate treatment success, if RTW achieved then 1-2 visits every 4-6 months. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended. Treatment Parameters from state guidelines: a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8

weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. In these cases, treatment may be continued at 1 treatment every other week until the patient has reached plateau and maintenance treatments have been determined. Extended durations of care beyond what is considered "maximum" may be necessary in cases of re-injury, interrupted continuity of care, exacerbation of symptoms, and in those patients with comorbidities. Such care should be re-evaluated and documented on a monthly basis. Treatment beyond 4-6 visits should be documented with objective improvement in function. Palliative care should be reevaluated and documented at each treatment session. In this case, the records indicate that the patient has already received approximately 12 sessions of chiropractic therapy. There is insufficient documentation of the functional outcomes of these 12 sessions; to include evidence of functional improvement and decreased use of analgesic medications. For these reasons, an additional 12 visits of chiropractic treatment is not medically necessary.