

Case Number:	CM15-0069150		
Date Assigned:	04/27/2015	Date of Injury:	09/13/2012
Decision Date:	06/29/2015	UR Denial Date:	03/31/2015
Priority:	Standard	Application Received:	04/13/2015

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: Emergency 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 is a 47 year old female, who sustained an industrial injury on 09/13/2012. She has reported subsequent neck, bilateral shoulder and right hand pain and was diagnosed with multilevel disc herniations of the cervical spine, bilateral shoulder subacromial bursitis and impingement and right hand arthralgia. Treatment to date has included oral and topical pain medication, chiropractic therapy, physical therapy and acupuncture. In a progress note dated 03/18/2015, the injured worker complained of low back, neck and bilateral shoulder pain . Objective findings were notable for right sided facet loading of the cervical spine, moderate tenderness in the cervical spine bilateral facets, decreased range of motion of the cervical spine, tenderness to palpation of the bilateral occiput and decreased sensation of the C8 dermatome on the left to light touch and pinprick. A request for authorization of 4 weeks of massage therapy of the bilateral upper extremities, ongoing follow ups with a hand specialist, follow ups with a pain management specialist and a hand therapy evaluation and treatment twice weekly for 6 weeks was submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy once weekly for 4 weeks, bilateral upper extremities per 03/04/15 order:
Upheld

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

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

Decision rationale: As per MTUS Chronic pain guideline Massage therapy is not recommended beyond 4-6 sessions. Most of the benefit involve stress reduction with some benefit in pain reduction. The request exceeds guideline maximum with 8 sessions requested. Massage therapy is not medically necessary.

Ongoing follow ups with a hand specialist bilateral hands per 03/04/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. There is no appropriate rationale for consultation to hand specialist. There is no plan for any interventional procedures and patient has already seen the hand specialist in the past and is also being followed by an orthopedic specialist. Provider has failed to document justification for hand specialist consult. Consultation to a hand specialist is not medically necessary.

Follow ups with a pain management specialist bilateral hands per 03/04/15 order:
Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 3 Initial Approaches to Treatment Page(s): 1 and 92.

Decision rationale: As per ACOEM and MTUS guidelines, referrals may be appropriate if the caretaker is not able to manage patient's pain and function beyond their capability and after failure of conservative management. Patient has been seeing a pain specialist who has been managing patient's complex pain issues. Continued follow up at this time is appropriate and medically necessary.

Hand therapy evaluation and treatment twice weekly for 6 weeks bilateral hands per 03/04/15 order: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Physical Medicine Page(s): 98-99.

Decision rationale: As per MTUS Chronic pain guidelines physical therapy is recommended for many situations with evidence showing improvement in function and pain. Patient has documented prior multiple PT sessions (Total number was is noted at over 20) was completed and had reported subjective improvement. The provider has failed to document any objective improvement from prior sessions or appropriate rationale as to why additional PT sessions are necessary. Objective improvement in strength or pain is not appropriately documented, only subjective belief in improvement. There is no documentation if patient is performing home directed therapy with skills taught during PT sessions but only home exercises. There is no documentation as to why home directed therapy and exercise is not sufficient. Number of sessions requested exceed guideline recommendation of 10 sessions. Documentation fails to support additional PT sessions. Additional 12 physical therapy sessions are not medically necessary.