

Case Number:	CM15-0092044		
Date Assigned:	05/18/2015	Date of Injury:	06/03/2013
Decision Date:	06/22/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/13/2015

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: Texas, New York, California

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:

The applicant is a represented 55-year-old who has filed a claim for chronic shoulder pain, finger pain, trigger finger, carpal tunnel syndrome, elbow epicondylitis, and myofascial pain syndrome reportedly associated with an industrial injury of June 3, 2013. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve a request for six sessions of massage therapy, denied a concomitant request for six sessions of physical therapy and partially approved a request for six sessions of acupuncture as three sessions of the same. The claims administrator suggested that the applicant had had prior massage therapy and suggested that the attending provider had not set forth clear goals for further physical therapy. A RFA form received on April 9, 2015 was referenced in the determination, as was a progress note dated March 9, 2015. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant underwent a ring finger trigger finger release surgery. In a work status report dated April 27, 2015, the applicant was placed off work, on total temporary disability, through May 25, 2015. In an RFA, form dated April 9, 2015, six sessions of medical massage therapy, six sessions of acupuncture, and the applicant's primary treating provider (PTP) endorsed six sessions of physical therapy. In an associated progress note of April 8, 2015, the applicant reported multifocal complaints of neck pain, wrist pain, shoulder pain, forearm pain, elbow pain, and trapezius pain reportedly attributed to cumulative trauma at work. It was stated that the applicant has not utilized previous acupuncture. The applicant was off work, on total temporary disability, it was suggested in one section of the note, but stated that she was planing to return to work. The applicant did have comorbidities including diabetes and hypertension, it was suggested. The applicant's medication list included Aleve, Zestril, glipizide, and metformin. The applicant was described as having received earlier unspecified amounts of massage therapy, it was acknowledged. At the bottom of the report, the attending provider stated that the massage therapy , acupuncture, and physical therapy were intended to target the applicant's issues with

fibromyalgia syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medical massage for upper extremity Qty: 6: Upheld

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

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

Decision rationale: No, the request for six sessions of medical massage therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended only as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. Here, however, the applicant had received earlier unspecified amounts of massage therapy, it was suggested on a progress note of April 8, 2015. The applicant had, however, failed to respond favorably to the same. The applicant was described as off work, on total temporary disability, as of that date, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of massage treatment over the course of the claim. Therefore, the request for six additional sessions of massage therapy was not medically necessary.

Acupuncture for upper extremity Qty: 6: Overturned

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Conversely, the request for six sessions of acupuncture was medically necessary, medically appropriate, and indicated here. The attending provider stated on his April 8, 2015 progress note that the applicant had not had previous acupuncture as of that date. The Acupuncture Medical Treatment Guidelines in MTUS 9792.24.1.a3 do acknowledge that acupuncture can be employed in the chronic pain context present here. MTUS 9792.24.1.c1 also notes that the time deemed necessary to produce functional improvement following introduction of acupuncture is "three to six treatments." Here, thus, the first-time request for six sessions of acupuncture, thus, was in-line with MTUS parameters. Therefore, the request was medically necessary.

Physical therapy for upper extremity Qty: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine.

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

Decision rationale: Finally, the request for six sessions of physical therapy was not medically necessary, medically appropriate, or indicated here. The request was framed as a request for physical therapy for long-standing issues with fibromyalgia. While page 99 of the MTUS Chronic Pain Medical Treatment Guidelines does support a general course of 9 to 10 sessions of treatment for myalgias and myositis of various body parts, i.e., the diagnoses reportedly present here, this recommendation is, however, qualified by commentary made on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that demonstration of functional improvement is necessary at various milestones in the treatment program in order to justify continued treatment. Here, however, the applicant was off work, on total temporary disability, as of the date of the request, April 8, 2015, suggesting a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of earlier unspecified amounts of physical therapy over the course of the claim. Therefore, the request for additional physical therapy was not medically necessary.