

Case Number:	CM15-0095373		
Date Assigned:	07/14/2015	Date of Injury:	03/19/2012
Decision Date:	08/18/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/18/2015

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: 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 injured worker is a 42 year old female, who sustained an industrial injury on March 19, 2012. The injured worker was diagnosed as having cervical, thoracic, and left shoulder strain/sprain, thoracic disc protrusion and myofascial pain, status post right shoulder surgery, right shoulder internal derangement and bilateral carpal tunnel syndrome. Treatment to date has included surgery, physical therapy, acupuncture, chiropractic, and medication. A progress note dated March 30, 2015 provides the injured worker complains of neck, back, shoulder and wrist pain. She rates the neck pain 6/10 with stiffness and her thoracic pain rated 8/10 also with stiffness. The right shoulder is rated 8/10 and the left shoulder is rated 2/10. The right wrist is rated 7/10 with numbness and tingling. She reports relief for the left wrist with use of creams, medication, massage, physical therapy, acupuncture and chiropractic treatment. Physical exam notes tenderness on palpation of the affected areas with positive supraspinatus test, positive right wrist Phalen's test and positive left wrist Tinel's test. There is a request for cervical traction, acupuncture, shockwave therapy, physiotherapy, chiropractic treatment and magnetic resonance imaging (MRI) of the wrists.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 month rental for cervical traction system: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-4.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, 174.

Decision rationale: Per the MTUS Guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. Per the guidelines, traction should be reserved for patients with radicular symptoms. In this case, there is no indication in the available documentation that the injured worker has radicular symptoms. The request for 6 month rental for cervical traction system is determined to not be medically necessary.

6 sessions of Acupuncture: Upheld

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

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: Per the MTUS Guidelines, there is no high-grade scientific evidence to support the effectiveness or ineffectiveness of passive physical modalities such as traction, heat/cold applications, massage, diathermy, cutaneous laser treatment, ultrasound, transcutaneous electrical neurostimulation (TENS) units, and biofeedback. These palliative tools may be used on a trial basis but should be monitored closely. Emphasis should focus on functional restoration and return of patients to activities of normal daily living. Per the guidelines, traction should be reserved for patients with radicular symptoms. In this case, there is no indication in the available documentation that the injured worker has radicular symptoms. The request for 6 month rental for cervical traction system is determined to not be medically necessary.

Unknown sessions of Extracorporeal Shockwave Therapy to the right wrist: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder Chapter/Extracorporeal Shock Wave Therapy (ESWT).

Decision rationale: The MTUS Guidelines do not address the use of extracorporeal shock wave therapy to the wrist. Per the ODG, extracorporeal shock wave therapy is recommended for calcifying tendinitis of the shoulder but not for other shoulder disorders. The guidelines do not address the use of shockwave therapy for carpal tunnel syndrome. As the injured worker does not suffer from calcifying tendinitis, the request for unknown sessions of extracorporeal shockwave therapy to the right wrist is determined to not be medically necessary.

6 sessions of Physiotherapy: Upheld

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

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

Decision rationale: The MTUS Guidelines recommend physical therapy focused on active therapy to restore flexibility, strength, endurance, function, range of motion and alleviate discomfort. The MTUS Guidelines support physical therapy that is providing a documented benefit. Physical therapy should be provided at a decreasing frequency (from up to 3 visits per week to 1 or less) as the guided therapy becomes replaced by a self-directed home exercise program. The physical medicine guidelines recommend myalgia and myositis, unspecified, receive 9-10 visits over 8 weeks. In this case, the injured worker was previously approved for and attended 6 sessions of physical therapy without objective documentation of pain relief or functional improvement. The request for 6 sessions of physiotherapy is determined to not be medically necessary.