

Case Number:	CM15-0095649		
Date Assigned:	05/22/2015	Date of Injury:	03/06/2009
Decision Date:	06/24/2015	UR Denial Date:	05/13/2015
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: 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 38 year old female, who sustained an industrial injury on 3/6/2009. She reported right wrist pain. The injured worker was diagnosed as having overuse syndrome of the right upper extremity, carpal tunnel syndrome right wrist, de Quervains tendinitis right wrist, cubital tunnel syndrome right elbow, and right elbow lateral epicondylitis. Treatment to date has included medications, and TENS. The request is for massage therapy. On 1/14/2015, she complained of right wrist and arm pain with associated tingling and numbness of the right wrist, and right elbow swelling and tenderness. She indicated her pain to have increased and rated it 9-10. She reported difficulty with sleep and that her medications have been denied. She is working. Physical examination revealed a diminished sensation of the right 5th finger. The treatment plan included: Zolpidem, Ibuprofen, Omeprazole, wrist immobilizer, physical therapy, and continued TENS. There are no other medical records available for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy, twice a week for four weeks: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60 of 127.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, the only included medical report from the provider recommended a course of physical therapy. There is no indication of the patient's response to any physical therapy, participation in any other form of supported treatment (such as independent home exercise), and a rationale for the currently request massage therapy. Furthermore, the amount of sessions requested exceed the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested massage therapy is not medically necessary.

Celecoxib 200mg quantity 60 with five refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Non Steroidal Anti Inflammatory Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 22 and 30 of 127.

Decision rationale: Regarding the request for celecoxib (Celebrex), Chronic Pain Medical Treatment Guidelines state that Celebrex may be considered if the patient has a risk of GI complications. Within the documentation available for review, the only medical report from the provider noted GI complaints and a recommendation for ibuprofen and omeprazole. There is no subsequent documentation identifying the patient's response to that treatment and a rationale for Celebrex. Furthermore, as with any medication, there should be regular reevaluation for efficacy and continued need, and a prescription with 5 refills is not conducive to such monitoring. Unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested celecoxib (Celebrex) is not medically necessary.