

## Independent Medical Review Final Determination Letter

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Dated: 12/18/2013

<b>IMR Case Number:</b>	CM13-0017994	<b>Date of Injury:</b>	05/01/2002
<b>Claims Number:</b>	[REDACTED]	<b>UR Denial Date:</b>	06/18/2013
<b>Priority:</b>	STANDARD	<b>Application Received:</b>	08/29/2013
<b>Employee Name:</b>	[REDACTED]		
<b>Provider Name:</b>	[REDACTED]		
<b>Treatment(s) in Dispute Listed on IMR Application:</b>			
OT WRISTS/HANDS X 12/ NOT CERTIFIED BY PA; HOWEVER 4 SESSIONS OT CERTIFIED BY PA MASSAGE THERAPY LUMBAR X6/ NOT CERTIFIED BY PA			

DEAR [REDACTED] ,

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations, [REDACTED]  
/MCC

## HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Neuromuscular Medicine, and is licensed to practice in California. 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 physician 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/services.

### DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator and the employee's representative
- Medical Treatment Utilization Schedule (MTUS)

### CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Patient is a 60 year old female with history of industrial injury to the cervical spine, lumbar spine, left shoulder, and bilateral hands on May 1, 2002 while employed as a bus driver. The patient's physician recommended physical therapy twice a week for six weeks for the right wrist and cervical spine, as the patient continues to be symptomatic and has benefited from PT in the past. She has undergone a carpal tunnel release in 2007. Per documentation in the past she has been prescribed acupuncture, physical therapy, massage therapy, as well as various medications and creams. The patient has constant neck pain and hip pain that comes and goes. Her right hand is numb and tingling. She has pain and stiffness in the morning and rest seems to improve her symptoms the most in regard to her hands. She has tenderness, numbness, and radiating pain involving her neck. She has sharp pain in her hip, back, and left-side of her hand. The issue presented here is whether massage therapy for the lumbar spine and OT for the wrist/hands is medically necessary.

### IMR DECISION(S) AND RATIONALE(S)

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

#### **1. Occupational therapy wrists/hands x 12 is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines section on Physical medicine pages 98-99, which is part of the MTUS. The Physician Reviewer also based his/her decision on the Official Disability Guidelines section on Forearm, Wrist, and Hand, which is not part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines recommend a fading of frequency towards an active self-directed home program. Additionally, the Official Disability Guidelines recommend 9 visits for wrist synovitis for medical treatment and 14 visits for post surgical treatment. MRI results included in the medical records provided for review indicate the employee had tenosynovitis in the right hand but it is unclear how much therapy the employee has had in the past, or how much functional benefit was received from this past therapy.

**The request for Occupational therapy wrists/hands x 12 is not medically necessary and appropriate.**

**2. Error! Reference source not found. is not medically necessary and appropriate.**

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Low Back Complaints (ACOEM Practice Guidelines, 2<sup>nd</sup> Edition (2004), Chapter 12), and the Chronic Pain Medical Treatment Guidelines, which are part of the MTUS.

The Physician Reviewer's decision rationale:

MTUS Chronic Pain Guidelines recommend massage therapy is used as an adjunct to other recommended treatments such as exercise. Per the guidelines, the treatment is typically limited to 4-6 visits in most cases and is considered a passive treatment.

Additionally, the ACOEM states that massage is a passive modality that may be used as a trial basis and monitored closely. The ACOEM states that there is no high grade evidence to support the effectiveness or ineffectiveness of massage. The medical records provided for review offer no documentation that massage therapy will be used as an adjunct to other recommended treatments. **The request for Massage therapy lumbar x 6 is not medically necessary and appropriate.**

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0017994