

Case Number:	CM13-0028069		
Date Assigned:	11/22/2013	Date of Injury:	07/03/2009
Decision Date:	01/29/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	09/23/2013

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 and Pain Management 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. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 43 year old injured worker with a date of injury of 07/03/2009. The patient was diagnosed with: neuropathic pain, right middle finger; pain in joint shoulder; neck pain; S/P right distal amputation, middle finger, distal to DIP, as reported by [REDACTED] on 08/27/2013. The patient states that the patient continues to experience pain in his right shoulder and arm and has been experiencing increased amounts of anxiety and depression. [REDACTED] reports increased pain in the right shoulder and tip of finger and continued pain in the right upper extremity, neck, low back pain radiating to the right leg. The patient also states that massage therapy has helped with flexibility and a reduction of pain. The patient is continuing medications and home exercise program as a conservative treatment for pain. The request is for 6 massage therapy sessions for right upper arm, shoulder and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of massage therapy to the right upper arm, right shoulder, and cervical spine:
Upheld

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

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that massage therapy should be utilized in addition to recommended treatment (exercise), which the patient is currently doing with their home exercise program. The patient is also exhibiting increased signs of anxiety and depression, as reported on 8/27/13. The patient may benefit from massage therapy as a way to manage stress, anxiety and possibly pain level. The request for six sessions of massage therapy for the upper arm, right shoulder, and cervical spine is not medically necessary and appropriate.