

Case Number:	CM13-0037882		
Date Assigned:	01/15/2014	Date of Injury:	06/11/1998
Decision Date:	03/25/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/24/2013

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, has a subspecialty in Interventional Spine 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 52-year-old male with a date of injury of 06/11/1998. The listed diagnoses per [REDACTED] dated 07/25/2013 are: (1) Carpal tunnel syndrome, (2) tendinitis. According to report dated 07/25/2013 by [REDACTED] the patient presents with continued upper extremity pain. Patient states his left side has "improved dramatically" following 6 visits of acupuncture. However, his right side is noted as worse "due to computer work". Report notes the patient also complains of neck and right scapular pain. Treater reports the patient has a history of bilateral upper extremity tendinitis, RSI, CTS, and right C5 to C6 radiculopathy, and has had excellent response to physical therapy, acupuncture, and biofeedback. The treater is requesting 6 additional massage/myofascial release for the bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage/Myofacial Release x6 for Bilateral Upper Extremities: 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.

Decision rationale: The patient presents with continued upper extremity pain. The treater is requesting for 6 additional massage therapy sessions for the bilateral upper extremities. The MTUS Guidelines under its chronic pain section has the following regarding massage therapy page 60, "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatments, and it should be limited to 4 to 6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatments." In this case, the medical records show patient responded well to prior physical therapy. The treater is requesting "additional" 6 massage therapy sessions. The medical records do not include any massage therapy notes or other references to how many massage treatments this patient has had. It would appear, though, that the patient has had extensive other conservative treatments including therapy and acupuncture. Given the lack of massage therapy history, and what exact functional benefit it is providing for the patient who is already working, it is difficult to consider authorization. MTUS only recommends 4-6 sessions and no more without functional improvement. In this patient, the patient already appears to have reached the goal of return to work. The treater does not provide what more to improve with massage therapy. Recommendation is for denial.