

Case Number:	CM13-0066777		
Date Assigned:	04/02/2014	Date of Injury:	06/03/2008
Decision Date:	10/13/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/17/2013

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. The expert reviewer is Board Certified in Occupational 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 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/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:

There were 99 pages provided for this review. The application for independent medical review was for massage therapy two times a week for three weeks. The patient had cervicalgia. It was signed on December 5, 2013. There was a non-certification recommendation from Corvel. Per the records provided, there was an April 4, 2014 physical medicine and rehabilitation consultation. The claimant was described as a 53-year-old man who was seen on April 4, 2014. He was in a work-related injury on or about June 3, 2008 during the course of performing his usual and customary occupation as a deputy sheriff. He developed his condition due to repetitive work associated with his employment. He began to experience bilateral upper extremity numbness, tingling and weakness and neck pain. He complains of aching neck pain radiating into his hands with numbness tingling and weakness. The pain increases with movement. He takes Tramadol. The electrodiagnostic studies showed evidence of bilateral moderate severity median neuropathy at the wrist consistent with carpal tunnel syndrome, which was worse on the right. There was no evidence of any cervical radiculopathy or brachial plexopathy. The diagnoses were pain in the limbs, neck pain, limb numbness, paresthesias and limb weakness. He was given a prescription for Percocet. It was on an assessment from April 21, 2014 that the doctor recommended massage therapy. His medicines at that point were Tramadol, Tylenol with Codeine and Percocet. The massage was for ongoing cervical pain related to C5-C6 and C6-C7 disc degeneration and facet arthropathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY 2 X 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 60.

Decision rationale: Regarding Massage therapy, the MTUS notes this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 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 treatment. In this case, it is not clear that the massage is an adjunct to other treatment, and it appears to be a stand-alone treatment, which is not supported. Moreover, long term benefit is not established so the clinical utility of this treatment is not apparent. The request is not medically necessary and appropriate.