

Case Number:	CM13-0068859		
Date Assigned:	01/03/2014	Date of Injury:	08/09/2011
Decision Date:	05/28/2014	UR Denial Date:	12/17/2013
Priority:	Standard	Application Received:	12/20/2013

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 Physical Medicine and Rehabilitation, 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:

The patient is an employee at the [REDACTED] who submitted a claim for right wrist, right shoulder and left elbow pain from an associated work injury on August 9, 2011. Treatment to date has included pain medications and massage therapy. Diagnostic work up to date are January 29, 2013 MRI (Right wrist)-Chronic fracture, distal radius and MRI (Right Shoulder)- no rotator cuff tear; September 13, 2012, MRI (spine)- mod-severe multilevel foraminal narrowing. Utilization review from December 17, 2013 denied request for 6 sessions of massage Based on medical records from 2012 through 2013, the patient has been experiencing pain at the right wrist, right shoulder and left elbow graded 8/10 which was persistent. The patient was assessed to have wrist fracture, right distal radius fracture, impingement syndrome right shoulder, ulnar nerve inflammation left elbow, discogenic cervical condition with radicular component. The patient has been taking Prilosec, Ativan, Vicodin, Motrin. In the progress notes date November 2013 the patient had already undergone massage therapy with three remaining sessions. Patient claims that she has improved functionality after massage therapy. On December 2013 6 sessions of massage therapy were requested.

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: 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 Massage Therapy, Page(s): 60.

Decision rationale: The Chronic Pain Medical Treatment Guidelines on massage therapy page 60 states that massage therapy is recommended as an adjunct who recommended treatment and is limited to 4-6 visits. In this case, the patients problem is not mainly musculoskeletal but rather neuropathic and there was no mention of its benefit in such type of pain. The patient had already completed massage therapy but specific functional gains were not indicated such as improved ability to perform activities daily living. In addition, is not clear whether the patient had massage therapy as an adjunct to other forms of conservative treatment. The request for six sessions of massage therapy are not medically necessary or appropriate.