MAXIMUS Federal Services

Case Number:	CM14-0006467		
Date Assigned:	02/07/2014	Date of Injury:	08/26/1998
Decision Date:	06/23/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	01/17/2014

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 injured worker is a 59 year old female who reported an injury of unknown mechanism on 08/26/1998. In the clinical note dated 04/05/2013, the injured worker complained of dull discomfort in the back of the right hand happening 35% of the time with a pain level of 4/10 and aching in the right trapezius happening 20% of the time with a pain level of 4/10. The physical examination revealed positive right cervical compression pain radiating to the shoulder, positive Tinel's and Phroman's to the right wrist. The cervical range of motion was documented as flexion 45/60, extension 30/50, left rotation 65/80, and right rotation 60/80. The diagnoses included carpal tunnel syndrome, cervical IVD displacement without myelopathy, and cervicalgia. The treatment plan included a spinal adjustment, myofascial release to increase range of motion, reduce pain and allow the injured worker to perform regular work and home duties and home exercise program for strength and flexibility. There was a request for authorization for 4 chiropractic treatments from 4/05/2013 to 06/15/2013. It was annotated that the injured worker only used 1 visit prior to 04/05/2013 and that the award and stip allowed the injured worker 20 chiropractic treatments and 20 massages annually, therefore the prescription was to continue massage therapy per the award and stip as it was documented medically appropriate and effective to relax muscles, reduce edema, and break up scar tissue resulting from the injured workers industrial injury that impedes motion. Therefore the request for authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY X 20 VISITS EACH CALENDAR YEAR TO THE UPPER EXTREMITIES, NECK, AND LEFT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Massage Therapy Page(s).

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

Decision rationale: The request for massage therapy x 20 visits each calendar year to the upper extremities, neck and left shoulder is not medically necessary. The California MTUS guidelines state that massage therapy 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 followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In the clinical notes provided for review, the injured worker complained of occasional and intermittent pain to the right trapezius and neck stiffness; however, the clinical note lacked documentation of the injured worker had conservative therapies and if they had failed. Furthermore, the request for massage therapy x 20 visits exceeds the guidelines recommendation for 4-6 visits. The injured worker was also documented as attending only 1 visit of the prior approved visits with no documentation of efficacy. Therefore, the request for massage therapy x 20 visits each calendar year to the upper extremities, neck and left shoulder is not medically necessary.