

Case Number:	CM14-0106237		
Date Assigned:	07/30/2014	Date of Injury:	02/26/2013
Decision Date:	08/29/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/09/2014

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 Illinois. 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 40-year-old female who reported an injury on 02/26/2013. The mechanism of injury was not provided in the medical records. Her diagnoses were noted to include carpal tunnel syndrome and tenosynovitis of the bilateral wrists. The documentation did not address the injured worker's past treatments. On 02/06/2014, the injured worker was noted to complain of aching pain in her bilateral hands as well as swelling of her palms and backs of her hands with pain in a C5 distribution of the fifth finger and ulnar wrist area. Her physical examination was noted to reveal a negative Tinel's sign, radiating pain up to the forearm and elbow on the ulnar side bilaterally going into the pinky and ring finger bilaterally, and swelling of the base of the pinky, palms and tops of hands. The treatment plan was noted to include myofascial and neuromuscular massage. A clear rationale for the requested treatment and a Request for Authorization were not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial and Neuromuscular Release, 6 Massage Treatments- Bilateral hands/Wrists:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Massage Therapy Page(s): 983.

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

Decision rationale: The requested service is non-certified. According to the California MTUS Guidelines, massage therapy and similar passive interventions are only recommended as an adjunct to active treatments and should be limited to 4 to 6 visits. The clinical information submitted for review indicated that the injured worker had pain and swelling in her bilateral hands as well as radiating symptoms through her elbow, forearm, and 4th and 5th fingers. However, she was not shown on physical examination to have functional deficits. In addition, the requested myofascial and neuromuscular release massage treatments were not noted to be recommended as an adjunct to an active therapeutic exercise or physical therapy program. In addition, documentation was not submitted to indicate whether the injured worker had previously been treated with massage therapy and, if so, whether she was able to obtain objective functional benefit. In the absence of documentation showing functional deficits and that the requested passive modality is to be used as an adjunct to active treatment, and in the absence of details regarding the injured worker's previous treatments, the request is not supported. As such, the request is non-certified.