

Case Number:	CM14-0013411		
Date Assigned:	03/17/2014	Date of Injury:	08/01/2012
Decision Date:	07/24/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	02/03/2014

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 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:

This is a 46-year-old-male with a date of injury of 8/1/12. The mechanism of injury was not noted. On 12/12/13, he complained of frequent, moderate to severe left elbow and forearm pain with myalgia. Exam of the left elbow showed pain with flexion. There was tenderness to palpation noted over the tendons of biceps, triceps and extensors. The diagnostic impression is left elbow sprain, left lateral epicondylitis, pain, parenthesis and myalgia/myositis. Treatment to date: physical therapy, surgery, medication management. A UR decision dated 12/23/13 denied the request for massage therapy for the left elbow. The guidelines state that massage therapy is recommended as an option and should be used as an adjunct to other recommended treatment such as exercise. It should be limited to four to six visits in most cases. The provider intended to utilize massage therapy in conjunction with therapeutic exercise, however, the current request is for eight visits. It would be appropriate if the patient would be evaluated after a trial of several visits to determine the effectiveness of the treatment. The request as submitted was modified to certify 3 visits of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY 2 X WEEK FOR 4 WEEKS FOR THE LEFT ELBOW: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Elbow Disorders, Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow Chapter: Massage.

Decision rationale: CA MTUS states 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. ODG states that massage therapy for the elbow is under study. Insufficient evidence exists to evaluate many physical modalities used to treat disorders of the elbow, often employed based on anecdotal or case reports alone. In general, it would not be advisable to use these modalities beyond 2-3 visits if signs of objective progress towards functional restoration are not demonstrated. The doctor intends to utilize massage therapy as an adjunct therapy to exercise, however, the request is for 8 sessions. The request was modified to certify 3 sessions of massage to evaluate the benefit of such sessions. Guidelines only support continued massage therapy in the setting of functional improvement from the initial trial period. Therefore, the request, as submitted, for massage therapy 2 x a week for 4 weeks for the left elbow is not medically necessary.