

Case Number:	CM14-0135684		
Date Assigned:	08/29/2014	Date of Injury:	10/15/2008
Decision Date:	10/03/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	08/22/2014

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 32 year-old female who reported an injury on 10/15/2008 due to repetitive movements while working. The diagnoses included repetitive strain of the right upper extremity, right lateral epicondylitis and right wrist strain. Past treatments included conservative care and physical therapy. There were no diagnostic studies provided within the medical record for the review. On the clinical note dated 07/14/2014 the injured worker complained of pain and fatigue in the right arm with some tingling. The physical examination findings included a normal gait, tenderness upon palpation to the right forearm, no trophic changes, and no neurological deficits or motor weakness to the right forearm. The treatment plan was for 10 sessions of deep tissue massage. The rationale for the request and the authorization form were not provided for the review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep tissue massage to right arm x 10 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Physical Medicine.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99.

Decision rationale: The injured worker has a history of chronic pain and fatigue in the right arm. The injured worker has been treated with conservative care and has completed physical therapy. The California MTUS guidelines state in regards to passive therapy can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling and to improve the rate of healing of soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain and inflammation during the rehabilitation process. The MTUS guideline further state that the use of active treatment modalities (e.g., exercise, education, activity modification) instead of passive treatments is associated with substantially better clinical outcomes. The injured worker has completed physical therapy and there was documentation within the medical record that it did improve her pain level and physical function. As outlined in the guidelines above active modalities are more beneficial than passive modalities regarding outcomes. There is no documentation within the medical record that the injured worker has participated in further active therapy, such as an at home exercise program to improve physical function. As passive therapies are only recommended with active treatment, the request is not supported. As such, the request for 10 sessions of deep tissue massage is not medically necessary.