

Case Number:	CM14-0156626		
Date Assigned:	09/26/2014	Date of Injury:	08/01/2013
Decision Date:	10/30/2014	UR Denial Date:	08/26/2014
Priority:	Standard	Application Received:	09/24/2014

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 59-year-old female who reported a date of injury of 08/01/2013. The mechanism of injury was not indicated. The injured worker had diagnoses of right upper extremity pain with tendonitis of the wrist, and right sided neck pain. Prior treatments included acupuncture. The injured worker had an EMG of right upper extremity on 08/22/2013 with an unofficial report indicating a normal study. Surgeries were not indicated within the medical records provided. The injured worker had complaints of persistent pain in the right upper extremity, and indicated it started in the palm with numbness and tingling in the fingers and radiated through the dorsal wrist, forearm, lateral proximal arm, and to the back of the shoulder, and also to the right side of the neck. The clinical note dated 09/02/2014, noted the injured worker had tenderness to palpation on the right side of the neck, around the elbow, forearm, and wrist. The injured worker had negative impingement maneuvers, and Spurling maneuvers. Medications included Motrin. The treatment plan included the physician's recommendation for the injured worker to continue Motrin, exercises of the left upper extremity, and to follow-up in 2 months. The rationale and Request for Authorization form were not provided within the medical records received.

IMR ISSUES, DECISIONS AND RATIONALES

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

Trial myofascial massage x 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage TherapyPhysical Medicine.

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

Decision rationale: The request for trial myofascial massage x 6 is not medically necessary. The California MTUS Guidelines recommend massage as an option as an adjunct to other recommended treatments such as exercise, and it should be limited to 4 to 6 visits in most cases. 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 of treatments such as these do not address the underlying causes of pain. A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychological domains. The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms including pain, is promising. A physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. It is noted the injured worker completed prior acupuncture; however, there is a lack of documentation indicating the injured worker received functional gains from this therapy. Furthermore, there is a lack of documentation indicating the injured worker is executing a home exercise program or a functional restoration program as an adjunct for massage therapy. As such, the request is not medically necessary.