

<b>Case Number:</b>	CM14-0028335		
<b>Date Assigned:</b>	06/16/2014	<b>Date of Injury:</b>	01/10/2013
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	02/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/06/2014

### 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:

The claimant was injured on 01/10/13. A cervical epidural steroid injection has been requested but was denied and is under appeal. She has been referred to PT and massage therapy, and was instructed in home exercises. She attended 11 visits of therapy for her bilateral elbows, wrists, and hands. She has bilateral carpal tunnel syndrome and elbow pain and reported improvement with massage therapy, physical therapy, and topical medication. Massage therapy for the left shoulder and bilateral upper extremities is under review. The notes indicate that she has reported improvement with massage therapy. On 04/22/14, she saw a PA and had completed physical therapy a few weeks prior and requested additional visits. Massage therapy had been requested at the last appointment, but it was denied, appealed, and denied again. She did not need to take any medications with the help of these therapies. She had burning in the left shoulder and bilateral upper extremities and the pain was worse with lifting. It was better with massage therapy, physical therapy, and Terocin. She had tenderness about the shoulders, elbows, and wrists with no neurologic deficits. Tinel's sign was positive on the right side greater than the left. She was instructed to continue her daily strengthening and stretching exercises, and wear the shoulder brace. On 05/20/14, she saw a PA and had recently been authorized for six more PT visits. She was also receiving chiropractic care every two weeks which helped her pain and was using Terocin lotion for flare-ups. She had no neurologic deficits. There was tenderness about the shoulders, elbows, and wrists with full range of motion, and Tinel's sign was negative.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MASSAGE THERAPY FOR LEFT SHOULDER AND BILATERAL UPPER EXTREMITIES.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 94.

**Decision rationale:** The history and documentation do not objectively support the request for the continuation of massage therapy for the left shoulder and bilateral upper extremities. The requested number of visits and planned duration of treatment are not stated. According to the MTUS Guidelines massage therapy may be recommended as an option, should be an adjunct to other recommended treatment, and should be limited to 4-6 visits in most cases. This claimant's course of treatment with massage therapy is unclear, including the dates and the number of visits, and especially the specifics of any benefit that is anticipated for her. She has reported that it helps her do her daily activities but there is no objective or measurable data that supports the continuation of massage therapy for a prolonged period of time. The MTUS does not support prolonged treatment and warns about avoiding dependence on treatment of this type. The medical necessity of this request has not been clearly demonstrated.