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| Case Number: | CM14-0033028 | | |
| Date Assigned: | 04/23/2014 | Date of Injury: | 03/05/2010 |
| Decision Date: | 07/17/2014 | UR Denial Date: | 02/07/2014 |
| Priority: | Standard | Application Received: | 02/18/2014 |

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 patient is a 59-year-old female who has submitted a claim for carpal tunnel syndrome of bilateral wrists associated with an industrial injury date of 03/05/2010. Medical records from 09/23/2013 to 03/05/2014 were reviewed and showed that patient complained of persistent left upper extremity pain graded 7/10 radiating to the fingers. The pain has associated numbness and tingling of the left hand and was aggravated with exposure to cold weather. Physical examination revealed positive Tinel's and Phalen's test on the left wrist. Tinel's and Phalen's test on the right wrist were negative. EMG-NCV study of the right upper extremity on 04/13/2010 revealed bilateral severe sensory motor carpal tunnel syndrome without denervation. Treatment to date has included carpal tunnel release for left (12/01/2010) and right (07/28/2010) wrists, home exercise program, CESI (01/04/14), Naproxen sodium (Anaprox) 550mg BID, #90, and Capsaicin 0.075% cream TID.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY - 6 TREATMENTS (WRISTS): Upheld

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

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

Decision rationale: According to CA MTUS Guidelines, 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. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. 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 or treatments such as these do not address the underlying causes of pain. In this case, there was no complete evaluation of the wrists. Objective evidence only revealed positive Phalen's and Tinel's sign on the left wrist. The lack of objective evidence does not explain the need for massage therapy. Massage therapy is a form of passive treatment that does not contribute to long-term pain relief. The medical necessity was not established. Therefore, the request for massage therapy six (6) sessions for the wrists is not medically necessary.