

Case Number:	CM14-0054874		
Date Assigned:	07/07/2014	Date of Injury:	03/25/2002
Decision Date:	09/05/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/24/2014

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 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 case of a 73-year-old female who has filed a claim for bilateral carpal tunnel syndrome and limb pain associated with an industrial injury date of 3/25/2002. Medical records from 2013 to 2014 were reviewed. Latest progress reports reveal that the patient continues to note numbness and tingling in her bilateral first through third fingers associated with intermittent shooting pain into her bilateral fingers, and atrophy of her hands. She notes that her pain is worsening and radiating from the left wrist though her upper arm. She does have times when she burns her fingertips when cooking because she cannot feel her fingertips very well. She also notes pain at the entire left upper arm, left shoulder, and the left cervicobrachial, upper back, and shoulder region. On physical examination, there was positive Tinel's sign for both wrists. There is gross thenar atrophy bilaterally. There is also decreased sensation to light touch in the first through the lateral aspect of the fourth digit. Decreased strength was noted in the right upper extremity with thumb opposition, pinching, and thumb adduction. Examination of the left shoulder reveals limitation of active flexion and abduction by about 30%. There was tenderness to palpation throughout the left superior and cervicobrachial regions. She was able to demonstrate active external rotation to back of head and internal rotation to upper lumbar spine but causes her pain and is not fluid. There was slight limitation of lateral flexion of the cervical spine bilaterally and slight limitation of rotation, more on the left, due to pain. Treatment to date has included medications, previous massage therapy, and paraffin wax. She steadfastly refuses surgical intervention. Medications to date have included Tramadol/APAP, Motrin, Valium, Ketamine cream, and Aspercreme. Utilization review, dated 04/08/14, modified the request for massage therapy into only 2 sessions of massage therapy because although massage therapy is supported by guidelines as an adjunct to an exercise program, it is not recommended for long-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of massage therapy: Upheld

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

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

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines page 60 states that massage therapy is recommended as an adjunct treatment and is limited to 4-6 visits. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. In this case, the patient presents with severe bilateral carpal tunnel syndrome and diffuse myofascial pain. However, the request for massage therapy does not include the frequency and the duration of the massage visits. Furthermore, although there was documentation that the patient had benefited from the massage therapy (unknown number of sessions and duration), there was no mention of its benefit in functional gains and performing activities of daily living. The clinical indication for massage therapy has not been established. Therefore, the request for 6 sessions of massage therapy is not medically necessary.