

Case Number:	CM14-0083157		
Date Assigned:	07/23/2014	Date of Injury:	09/30/2011
Decision Date:	12/19/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/05/2014

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, has a subspecialty in Pain 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 injured worker's original date of injury was September 30, 2011. The patient has a history of fractures of the left scaphoid and has had open reduction and internal fixation. There is also chronic right shoulder pain, left wrist chronic pain, and posttraumatic stress disorder. The patient has had conservative car with scar tissue mobilization of the hand, and cortisone injection into the hypertrophic scar region. The disputed issue is a request for six sessions of massage therapy. A utilization review determination had modified this request to allow for sessions. The stated rationale was that "while guidelines do not support the size for acute care, a short course in massage as an adjunct to exercise for chronic pain is supported."

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy x6: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 265.

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

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be

limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. The notes include several hand specialist notes that fail to comment upon the shoulder issue, which is the region of the request massage. There does not appear to be a relevant, current progress note that explains the context with which the massage therapy is to be delivered. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.