

Case Number:	CM14-0083262		
Date Assigned:	07/21/2014	Date of Injury:	09/30/2011
Decision Date:	12/19/2014	UR Denial Date:	05/14/2014
Priority:	Standard	Application Received:	06/04/2014

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 is a 43 year-old female with an original date of injury on 9/30/2011. The patient had 2 industrially related injuries, including right shoulder injury and left wrist injury. The industrially related diagnoses are status post ORIF scaphoid fracture of the left wrist, left trapezius pain, post traumatic stress disorder, anxiety, and depression. The patient was using Tylenol, Norco, Wellbutrin, and Zoloft. The disputed issue is the request for 6 sessions of massage therapy to the left upper trapezius. A utilization review dated 5/14/2014 has non-certified this request. The stated rationale for denial was three-fold. First, it is unclear how providing passive treatment such as massage therapy at this point, after the patient has had 2 years of upper trapezius pain, would result in a better outcome. Secondly, there is no indication that this intervention will be used in conjunction with a skilled intervention. Lastly, there are limited exceptional factors noted in the recent records to warrant the need for massage treatment. Therefore, this request was not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy x 6 sessions for Left Upper Trapezius: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 (Effective July 18, 2009), page 60 of 127 state the following regarding massage therapy: "Recommended as an option as indicated below. This treatment 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. (Hasson, 2004) 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 psychologic domains. (Walach 2003) 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. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) 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. (Mitchinson, 2007)." Within the submitted documentations, progress notes submitted dating from 1/20/2014 to 6/18/2014, there are no findings of left trapezium pain on subjective report or physical exam that would support the need for massage therapy. Furthermore, there is no reasoning provided as to why massage therapy is ordered. In addition, there is no documentation of other modalities of treatment that were attempted such as physical therapy and oral medications, and failure of such standard treatment. Therefore, this request is not medically necessary.