

<b>Case Number:</b>	CM14-0171262		
<b>Date Assigned:</b>	10/23/2014	<b>Date of Injury:</b>	06/03/2009
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2014

### 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 Management 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 female patient with the date of injury of June 3, 2009. A Utilization Review dated October 1, 2014 recommended non-certification of massage therapy Quantity: 12.00. A Visit Note dated September 12, 2014 identifies Subjective Complaints of pain in her upper extremities up to the elbow level bilaterally and additionally in the left shoulder and upper back. She continues to complain of pain in both hands, all fingers. She has numbness and tingling in her fingers. Physical Examination findings are not identified. Diagnoses identify carpal tunnel syndrome, lesion ulnar nerve, and repetitive strain injury of the upper extremities with pain in elbows and shoulders. Treatment Plan identifies 12 sessions of massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**97124 massage therapy Qty: 12: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy

**Decision rationale:** Regarding the request for massage therapy Qty: 12, 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. Additionally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. Furthermore, the request exceeds initial massage therapy guidelines, and there is no provision in place to modify the request. In light of such issues, the currently requested massage therapy Qty: 12 is not medically necessary.