

Case Number:	CM14-0189487		
Date Assigned:	11/20/2014	Date of Injury:	08/26/1998
Decision Date:	01/09/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/13/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 with an injury date of 08/26/98. Based on the 10/13/14 progress report provided by treating physician, the patient complains of neck and trapezius pain rated 5/10. Physical examination to the cervical spine revealed discomfort to right trapezius and restricted range of motion. Positive cervical compression on the right. Postural analysis revealed head forward, right high shoulder and right rib humping. Analysis of the spine revealed restrictions at C1, C5, T4 and T4. Per progress report dated 10/13/14, treater requests 10 massage sessions annually. The patient has been court-awarded "20 chiropractic treatments and 20 massages annually." Massage therapy "will address the taut and tender musculature and spasm that also adversely affects her ability to work at full capacity and to help break up scar tissue resultant from her industrial injury that contributes to restriction of motion." Patient is to return to modified work 10/13/14. Per progress report dated 10/08/14, patient is on home exercise program and treater plans massage therapy 1x/week for 2 weeks to manage pain, decrease muscle spasms and increase range of motion. Patient response to care was positive. Diagnosis 10/13/14:- carpal tunnel syndrome - wrist (median nerve) - cervical IVD displacement without myelopathy- cervicgiaThe utilization review determination being challenged is dated 10/31/14. The rationale is "there is no documentation that this modality has provided functional benefit..."Treatment reports were provided from 09/10/14 - 10/13/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy, quantity 2: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute & Chronic), Manipulation

Decision rationale: The patient presents with neck and trapezius pain rated 5/10. The request is for massage therapy, quantity 2. Patient's diagnosis dated 10/13/14 included carpal tunnel syndrome - wrist (median nerve), cervical IVD displacement without myelopathy and cervicgia. Per progress report dated 10/13/14, the patient has been court-awarded "20 chiropractic treatments and 20 massages annually." Massage therapy "will address the taut and tender musculature and spasm that also adversely affects her ability to work at full capacity and to help break up scar tissue resultant from her industrial injury that contributes to restriction of motion." Patient is to return to modified work 10/13/14. MTUS page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. ODG Guidelines, Neck and Upper Back (Acute & Chronic) Chapter states: "Massage therapy: recommended frequency and duration of treatment for massage therapy are the same as Manipulation: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks." Per progress report dated 10/08/14, patient is on home exercise program and treater plans massage therapy 1x/week for 2 weeks to manage pain, decrease muscle spasms and increase range of motion. Treater has not indicated total number of massage therapy visits patient has had in the past, but it appears patient has been receiving 20 visits per year, and he plans to have patient continue with 20 more visits. Treater provides a general statement that "patient response to care was positive," however there is no documentation of objective functional improvement, as required by guidelines. The request is not medically necessary.