

<b>Case Number:</b>	CM14-0209117		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	04/23/2013
<b>Decision Date:</b>	02/18/2015	<b>UR Denial Date:</b>	11/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/15/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabn

### 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 57 year old male with an injury date of 04/23/13. No documentation was submitted for review regarding this request. Per UR letter dated 11/25/14, "the claimant was seen by [REDACTED] regarding chronic pain syndrome with carpal tunnel syndrome, myalgia, and numbness." "He had a repeat EMG/NVC 01/22/2014 and results were abnormal study. The electrophysiological evidence: 1. Moderate median nerve compromise at or near the wrist carpal tunnel affecting the sensory and motor components. 2. Right median nerve compromise at or near the wrist carpal tunnel affecting sensory and motor components. There is nothing to suggest radiculopathy." Per work status report 10/09/13 patient is working modified duty. Diagnosis, per UR letter dated 11/25/14- carpal tunnel syndrome The utilization review determination being challenged is dated 11/25/14. The rationale follows: "Guidelines section on carpal tunnel syndrome does not recommend massage... the guidelines do not recommend massage for treatment of a chronic condition." Treatment reports were provided from 05/10/13 to 11/19/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 1 - 2 weeks for 6 weeks for the left wrist:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Carpel Tunnel Syndrome Page(s): 15.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Carpal Tunnel Syndrome (Acute & Chronic) Chapter, Massage

**Decision rationale:** The patient presents with chronic pain syndrome with carpal tunnel syndrome, myalgia and numbness. The request is for massage therapy 1-2 weeks for 6 weeks for the left wrist. EMG/NVC 01/22/14 revealed abnormal study. The electrophysiological evidence: 1. Moderate median nerve compromise at or near the wrist carpal tunnel affecting the sensory and motor components. 2. Right median nerve compromise at or near the wrist carpal tunnel affecting sensory and motor components. There is nothing to suggest radiculopathy. Patient is working modified duty. ODG-TWC, Carpal Tunnel Syndrome (Acute & Chronic) Chapter, Massage states "Under study, there is limited evidence for the effectiveness of massage as an add-on treatment to manual therapy and manual therapy as an add-on treatment to exercises." (Verhagen, 2006). Treater has not provided reason for the request. UR letter dated 11/25/14 states "██████ felt the claimant would benefit from massage therapy." But treater did not submit any documentation or discussion on how therapy would benefit the patient. Furthermore, the request is not recommended by ODG for the patient's condition. Therefore, the request is not medically necessary.