

Case Number:	CM15-0004277		
Date Assigned:	01/15/2015	Date of Injury:	12/03/2012
Decision Date:	03/10/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 54 year old female sustained an industrial injury on 12/3/12. The mechanism of injury was not clearly documented. Diagnoses include reflex sympathetic dystrophy of upper limb and lateral epicondylitis. The injured worker subsequently reports neck and upper extremities pain. The injured worker underwent left hand and thumb surgery on 7/25/14. Prior treatments also include physical therapy, occupational therapy, injections, EMG nerve conduction studies and TENS treatments. Current medications include Naproxen and Pantoprazole. The UR decision dated 12/17/14 non-certified Additional Massage therapy for C-Spine and bilateral Arms x8 Sessions. The Additional Massage therapy for C-Spine and bilateral Arms x8 Sessions were not certified based on CA MTUS 2009 massage therapy guidelines stating that the injured worker had exceeded recommended treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for C-spine and bilateral arms: 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 massage therapy Page(s): 60.

Decision rationale: Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery. 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. In this case, the claimant had already undergone 7 prior massage therapy sessions. The additional 8 sessions would exceed the total amount suggested by the guidelines. The adjunct therapy to be used in conjunction is not specified. The request for additional massage therapy sessions is not medically necessary.