

<b>Case Number:</b>	CM15-0101095		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	04/18/2002
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	04/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

### 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 72 year old female who sustained an industrial injury on 4/18/02. The injured worker was diagnosed as having cervical radiculitis status post cervical epidurals, bilateral periscapular myofascial strain, left cubital tunnel syndrome and left Guyon's canal compression. Currently, the injured worker was with complaints of left upper extremity pain with radiation to the left shoulder. Previous treatments included ice application, physical therapy, epidural steroid injection, medication management, acupuncture treatment and chiropractic treatments. Previous diagnostic studies included radiographic studies, nerve conduction velocity study and electromyography. Physical examination was notable for left elbow with mildly limited range of motion, left wrist and hand tenderness to palpation and mildly restricted range of motion. The plan of care was for deep tissue massage sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Unknown Deep Tissue Massage Sessions:** 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 Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Massage Therapy, Manual Therapy.

**Decision rationale:** MTUS states 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". ODG offers additional frequency and timeline for massage therapy by recommending: a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. The treating physician has not provided the body part(s) that therapy will focus on. There is no duration, frequency or goals of therapy outlined in the current request. As such, the request for Unknown Deep Tissue Massage Sessions is not medically necessary at this time.