

Case Number:	CM15-0133044		
Date Assigned:	07/21/2015	Date of Injury:	05/04/2010
Decision Date:	08/21/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/09/2015

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: 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:

The injured worker is a 42 year old female, who sustained an industrial injury on May 4, 2010, incurring right thumb injuries, left wrist, elbow, right wrist, shoulders and neck. She was diagnosed with bilateral carpal tunnel, thoracic outlet syndrome and bilateral myofascial upper extremity pain. Treatment included physical therapy, massage therapy, pain management, occupational therapy, and bracing, home exercise program and work restrictions. Currently, the injured worker complained of upper extremity pain aggravated with range of motion and functional use. She noted numbness and tingling in the thumb and fingers. She reported a pain level of 9 on a pain scale of 1 to 10. The treatment plan that was requested for authorization included massage therapy for the neck and upper back. A letter of appeal is submitted dated July 24, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy (neck, upper back) 1X6 weeks: Overturned

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 Massage therapy Page(s): 59-60.

Decision rationale: According to the MTUS guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. The medical records note subjective and objective functional gains from past massage therapy treatments and the current request for six sessions of massage therapy is supported to limit the need for oral medications as noted by the treating physician. The request for Massage therapy (neck, upper back) 1X6 weeks is medically necessary and appropriate.