

<b>Case Number:</b>	CM15-0164759		
<b>Date Assigned:</b>	09/02/2015	<b>Date of Injury:</b>	08/01/2009
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 31 year old female who sustained an industrial injury on 8-1-09. The records indicate that she "began experiencing pain complaints in the bilateral upper extremities" while performing her job responsibilities. She was referred to an occupational medical provider and underwent conservative treatment, including splinting and modified duty. A Qualified Medical Examiner (QME) recommended electrodiagnostic studies, which were found to be "negative". She was recommended a trial of acupuncture and physical therapy due to complaints of pain from the elbows down with numbness and tingling in all her digits and "aching-like" pain in the upper arm. She also complained of sharp pain at the elbows and stiffness in the hands and wrists. The 6-4-15 pain management report indicates that she continued to have chronic bilateral upper extremity pain. She was to begin hand therapy, as authorization was received. An EMG of bilateral upper extremities was requested due to "evidence of cubital tunnel syndrome". The 7-21-15 pain management report indicates diagnoses of bilateral medial epicondylitis, bilateral lateral epicondylitis, and bilateral ulnar nerve lesion. She has been treated with acupuncture and a TENS unit, as well as pain medication. A request for an H-wave unit was made, as she was recommended this by the physical therapist. The requested service is for massage therapy to the upper extremities. The request for authorization is unavailable for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy for the upper extremities, 6 sessions: 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): 60.

**Decision rationale:** The claimant sustained a work injury in August 2009 and is being treated for chronic bilateral upper extremity pain. Recent treatments have included hand therapy with therapeutic content including joint mobilization and stretching. She is receiving acupuncture treatments. When seen medications were providing a 40% decrease in pain and allowing her to work full-time. She was having increased pain with repetitive motion activities such as typing or writing. Nighttime splinting was being planned. Authorization is being requested for six sessions of massage therapy. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case the number of treatment sessions is consistent with guideline recommendations. The claimant recently had therapy and an adjunctive home exercise program would be expected. The recent therapy did not include myofascial release or massage techniques. The request is medically necessary.