

Case Number:	CM15-0166775		
Date Assigned:	09/04/2015	Date of Injury:	08/17/1999
Decision Date:	10/06/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/25/2015

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: Emergency 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 an 80 year old female who sustained an injury on 8-17-99. Complaints included pain in bilateral wrist and pain in the left hip. Diagnoses are bilateral carpal tunnel syndrome and left hip bursitis. MRI right wrist was performed on 4-18-13 results were mild degenerative changes of the first carpometacarpal joint; small effusions in the radiocarpal joint and medial proximal wrist; 8 mm cyst is present in the hamate; a 6 mm cyst is present in the triquetrum and 4 mm and 5 mm cysts are present; no signs of carpal tunnel syndrome or other significant abnormality are noted. MRI right hand shows 5 mm cyst in the head of the first metacarpal and 6 mm cyst in the neck of the second metacarpal. The examination on 5-5-15 reports X-rays left hip no degenerative arthritis and no suggestion of hip fracture. The diagnosis is left hip bursitis and the recommendation was cortisone injection. Physical therapy was recommended for the left hip pain. The progress note dated 6-9-15 reports a full body massage and a Swedish massage on 6-12-15 for full body and right hand and thumb. She received four massage therapy treatments between June 12, 2015 and July 17, 2015. In addition she received six physical therapy sessions between June 17, 2015 and July 22, 2015. The massage therapy report on 6-9-15 documents that she is still unable to open doors without pain. On 7-21-15 the PR2 state she is complaining of increased pain in both wrists and increased pain in the left hip; both areas are tender. Diagnoses include bilateral carpal tunnel syndrome; left hip bursitis. Current requested treatments 6 sessions of full body massage 2 times a week for 3 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of full body massage 2 times a week for 3 weeks: Upheld

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 Page 60, Massage therapy Page(s): 60.

Decision rationale: The requested 6 sessions of full body massage 2 times a week for 3 weeks, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and 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. The injured worker has received four massage therapy treatments between June 12, 2015 and July 17, 2015. In addition she received six physical therapy sessions between June 17, 2015 and July 22, 2015. The massage therapy report on 6-9-15 documents that she is still unable to open doors without pain. On 7-21-15 the PR2 state she is complaining of increased pain in both wrists and increased pain in the left hip; both areas are tender. The treating physician has not documented the injured worker's participation in a dynamic home exercise program or other programs involving aerobic and strengthening exercise, nor objective evidence of functional improvement from previous massage therapy sessions. The criteria noted above not having been met, 6 sessions of full body massage 2 times a week for 3 weeks is not medically necessary.