MAXIMUS Federal Services

Case Number:	CM15-0183968		
Date Assigned:	09/24/2015	Date of Injury:	04/06/2010
Decision Date:	10/30/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/18/2015

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 45 year old female who sustained an industrial injury on 4-6-10. A review of the medical records indicates she is undergoing treatment for upper extremity pain - overuse, compensatory, complex regional pain syndrome - right upper extremity, situational depression, and complex regional pain syndrome - right leg, cervical fascia inflammation, and dorsal column stimulator. Medical records (6-25-15 to 8-28-15) indicate ongoing complaints of right leg pain, which is noted to be "compensatory pain as well due to overuse" (8-28-15). She has also had ongoing complaints of complex regional pain syndrome involving bilateral upper and lower extremities, as well as headaches. The physical exam (7-15-15, 7-23-15, and 8-28-15) consistently indicates that the right hand is significantly cooler than the left. On 8-28-15, the right wrist is noted to be contracted and mottling is noted of the right hand, as well as "what appears to be swelling of the metacarpophalangeal joints". She is not currently working. Diagnostic studies have included nerve conduction studies of bilateral upper extremities, a bone scan of the hands and wrist, CT scan of the cervical spine, CT scan of the head, and an electroencephalogram. Treatment has included aquatic therapy, chiropractic treatments, an interdisciplinary functional rehabilitation program, two stellate ganglion blocks - one to the right side of her neck and the other into the lower back, and medications per pain management. The request for authorization (9-2-15) includes physical therapy for massage therapy only, twice weekly for four weeks and referral to a psychologist. The utilization review (9-10-15) indicates denial of the request for physical therapy, giving the rationale as the injured worker "was already approved for 12 sessions of massage therapy" and "has been approved for an extraordinary

amount of massage therapy, given that evidence-based guidelines limit this treatment to 4 to 6 treatments". It also states "additionally, the medical records do not establish clear functional improvement as a result of the previous treatment".

IMR ISSUES, DECISIONS AND RATIONALES

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

PT massage therapy 2x4 1 hour massage for left upper extremity Qty 8: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The claimant sustained a work injury in April 2010 and is being treated for chronic right upper extremity pain including a diagnosis of CRPS with secondary depression. Her injury occurred when she struck her hand as she was removing a hot tray from a cart. Treatments have included a spinal cord stimulator, physical therapy, nerve blocks, and a functional restoration program. When seen, there was contracture of the right wrist. There was right hand mottling and swelling consistent with her diagnosis of CRPS. There was a lower extremity temperature difference. Physical therapy with massage only is being requested. 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 in excess of guideline recommendations and it is intended as a stand-alone treatment. The request is not medically necessary.