

Case Number:	CM15-0192906		
Date Assigned:	10/07/2015	Date of Injury:	01/23/2014
Decision Date:	11/19/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/01/2015

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: Physical Medicine & Rehabilitation

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 37 year old female, who sustained an industrial injury on 1-23-14. The injured worker was diagnosed as having pain in joint of hand; Reflex Sympathetic Dystrophy of upper limb; chronic pain syndrome. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 9-4-15 indicated the injured worker presented to the office as a follow-up visit. The provider documents "patient complains of right elbow pain. The injury happened at work. Patient rates the pain as 6 out of 10 with zero being no pain and 10 having worst possible pain." The pain is characterized as sharp, radiating to the neck, bilateral shoulders, bilateral arms, bilateral elbows and wrists and hands. The injured worker describes her pain as moderate to severe and associated with joint swelling, loss of function, loss of sensation, numbness and swelling, tingling and weakness. It is aggravated by carrying, grasping, gripping, and movement of the injured part. Relieving factors include application of cold, and heat, elevation of affected parts and rest. She reports she is not currently taking any medications. She reports she has tried acupuncture which was effective. The level of sleep has decreased due to difficulty falling asleep and staying asleep. She has been unable to refill her Percocet due to denials. The provider documents "patient states she has only been using weed off the streets and OTC Aleve for pain control." She complains of headache. She localized the headache to occipital region and frontal. The headache is relieved with lying down and 4 Aleve which is still lingering on this visit. The provider notes "Pain level has decreased since her last visit." He notes she is more depressed and she reports gets upset very easily and irritated. She feels fatigued and complains of reduced energy. Current medications are listed as: Lyrica 50mg three times a day

and Percocet 10-325mg one daily as needed. On physical examination, the provider notes she has a normal gait. Paravertebral muscle with tenderness on the right side. No spinal process or trapezius tenderness is noted. The right shoulder with tenderness to palpation in the acromioclavicular joint, coracoid process, glenohumeral joint and greater tubercle of humerus. Left: Hawkins test is positive with tenderness to palpation in the acromioclavicular joint. There is bilateral elbow tenderness over the medial and lateral epicondyle. The right Tinel's is positive; left Tinel's is negative. The right hand note tenderness to palpation over the proximal interphalangeal joint of index, middle and ring fingers as well as distal joints. The left has no swelling or pain and able to make a fist. The provider's treatment plan includes a refill of Lyrica. He documents "Regarding 8-11-15 urine toxicology screen detecting cocaine, patient states she is disturbed by this information and only uses weed. Patient states she was around a person who does crystal meth and buys weed on the streets and does not know how cocaine is detected. Patient re-did urine tox screen today and re-signed pain contract...patient approved for FRP-will make appointment on this day. Discussed possible MRI for impingement symptoms and possible CESI in future." He feels she would benefit from massage therapy for right hand. A Request for Authorization is dated 10-1-15. A Utilization Review letter is dated 9-17-15 and non-certification for 1-2 Sessions of Massage Therapy to Right for 1-2 Months totaling 6 Sessions. A request for authorization has been received for 1-2 Sessions of Massage Therapy to Right for 1-2 Months totaling 6 Sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

1-2 Sessions of Massage Therapy to Right for 1-2 Months totaling 6 Sessions: Overturned

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

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

Decision rationale: The current request is for 1-2 Sessions of Massage Therapy to Right for 1-2 Months totaling 6 Sessions. Treatment to date has included acupuncture, home exercise program, physical therapy; medications. The patient is on modified duty. MTUS Guidelines, Massage Therapy section, page 60 states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Per report 09/04/15, the patient presents with chronic upper extremities pain that radiates into the shoulders. Physical examination revealed tenderness on the right side of the lower back. There was also tenderness to palpation in the acromioclavicular joint, coracoid process, glenohumeral joint and greater tubercle of humerus. The treater requested 6 massage therapy sessions. There is no indication of prior massage therapy for this patient. Given the patient's diagnoses and complaints of pain, a short course of massage therapy would be indicated by guidelines. The requested 6 sessions are within guideline recommendation. Therefore, the request is medically necessary.