

Case Number:	CM15-0197454		
Date Assigned:	10/12/2015	Date of Injury:	11/01/2011
Decision Date:	11/19/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/07/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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:

This is a 55-year-old female with a date of industrial injury 11-1-2011. The medical records indicated the injured worker (IW) was treated for lesion of ulnar nerve; trigger finger; right thumb trigger finger status post trigger finger release (12-2012); repetitive strain injury of both upper extremities; right extensor forearm myofascial pain; and bilateral wrist sprain. In the progress notes (4-15-15), the IW reported pain primarily in the right dorsal forearm that radiated to the radial aspect of the wrist with frequent discomfort in the right third and fourth interspaces of the dorsal hand and right thenar region. She reported similar symptoms on the left side in the radial aspect of the wrist and the left thenar region, without radiation. She stated she felt a tight sensation in the right dorsal forearm from the touch of light clothing. Wearing a loose brace over the right forearm helped this. She was seen for #4 of 8 approved acupuncture treatments. She was taking Nabumetone 500mg twice daily for pain. On examination (4-15-15 notes), there was tenderness to palpation over the right dorsal forearm, the radial aspect of the right wrist, the base of the right thumb and the radial aspect of the left wrist. Ranges of motion were preserved in the hands and wrists. Treatments included medication and acupuncture, which she stated helped her better tolerate the use of her hands for typing and writing. There was no documentation to review for the date of the service requested. A Request for Authorization was received for retrospective massage therapy, one session, for date of service 5-6-15. The Utilization Review on 9-30-15 non-certified the request for retrospective massage therapy, one session, for date of service 5-6-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro massage therapy x 1 with a dos of 5/6/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, retrospective massage therapy times one date of service May 6, 2015 is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment; especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnoses are trigger finger; carpal tunnel syndrome; and lesion ulnar nerve. Date of injury is November 1, 2011. Request for authorization is September 23, 2015 that references a May 6, 2015 progress note. The most recent progress note in the medical record is dated April 30, 2015. There is no contemporaneous clinical documentation on or about May 6, 2015. According to the April 30, 2015 progress, the injured worker has pain in the bilateral hands and upper extremities and thumbs. The documentation indicates the injured worker completed six out of eight acupuncture sessions. Massage therapy is included within the acupuncture sessions. Objectively, physical examination is entirely unremarkable. Motor function and sensory function are normal. As noted above, there is no contemporaneous clinical documentation on the requested date of service May 6, 2015. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation that indicates six out of eight acupuncture sessions have been completed, massage therapy (a passive intervention) is included within the treatment and there is no contemporaneous clinical documentation on May 6, 2015, retrospective massage therapy times one date of service May 6, 2015 is not medically necessary.