

<b>Case Number:</b>	CM15-0203514		
<b>Date Assigned:</b>	10/20/2015	<b>Date of Injury:</b>	08/13/2012
<b>Decision Date:</b>	12/01/2015	<b>UR Denial Date:</b>	10/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/16/2015

### 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: North Carolina  
 Certification(s)/Specialty: Family Practice

### 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 55 year old female, who sustained an industrial injury on 8-13-2012. The medical records indicate that the injured worker is undergoing treatment for degeneration of lumbar intervertebral disc, thoracic outlet syndrome, chronic pain, disorder of right shoulder, cervical spondylosis, radial styloid tenosynovitis, bilateral carpal tunnel syndrome, degeneration of cervical intervertebral disc, and myofascial pain. According to the progress report dated 9-29-2015, the injured worker presented with complaints of constant, dull, aching right-sides neck pain with radiation into bilateral shoulders, right worse than left and intermittent, dull aching bilateral low back pain. The level of pain is not rated. The physical examination of the cervical and lumbar spine was not indicated. The current medications are Trazodone, Tramadol, and Lidocaine patch. Previous diagnostic testing includes MRI studies. Treatments to date include medication management, massage therapy, cervical epidural steroid injection (minimal relief), and medial branch nerve block (minimal relief). Work status is described as permanent and stationary. The original utilization review (10-8-2015) had non-certified a request for 6 medical massage therapy sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medical Massage times 6/Massage therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Initial Care.

**Decision rationale:** The ACOEM chapter on wrist and hand complaints states: Physical modalities, such as massage, diathermy, cutaneous laser treatment, "cold" laser treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback have no scientifically proven efficacy in treating acute hand, wrist, or forearm symptoms. Massage therapy is not supported by the ACOEM. There is no indication this would be of benefit over recommended therapies. Therefore the request is not medically necessary.