

<b>Case Number:</b>	CM15-0021973		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	11/01/2013
<b>Decision Date:</b>	04/08/2015	<b>UR Denial Date:</b>	01/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 a 29 year old female, who sustained an industrial injury on November 1, 2013. The diagnoses have included left wrist with flexor wrist and finger tendon strains, left thumb and wrist neuralgia, myofascial tension in the shoulders, and history of radial fracture and fusion. Treatment to date has included physical therapy, deep tissue massage, acupuncture, home exercise program and medication. Currently, the injured worker complains of recurrent neck pain. She reports that activities of daily living are limited because of the pain and that she has discontinued all of her medications. She continues her independent exercise program and notes that deep tissue massage reduces the severity of the pain. On examination, the injured worker has tenderness at the radial carpometacarpal joint near the trapezoid. The ulnar aspect of the wrist exhibited 2+ tenderness and the right wrist had tenderness to palpation but a normal range of motion. On January 21, 2015 Utilization Review non-certified a request for six deep tissue massage visits for the wrist and six acupuncture visits for the wrist, noting that the number of previous deep tissue massage visits and the number of previous acupuncture visits is not specified to determine the medical necessity of additional sessions; noting that there is no documentation of significant change in the rating score, improvement of pain, objective functional improvement or a medication sparing effect from previous deep tissue massage and acupuncture therapy. The California Chronic Pain Medical Treatment Guidelines and the California Acupuncture Medical Treatment Guidelines were cited. On February 5, 2015, the injured worker submitted an application for IMR for review of six deep tissue massage visits for the wrist and six acupuncture visits for the wrist.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Deep tissue massage for wrist x 6 visits:** 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 Massage and Physical Medicine Page(s): 60; 98-99.

**Decision rationale:** The MTUS Guidelines discuss massage therapy as an option along with other recommended treatments, such as exercise, and it should be limited to four to six visits. Massage is a passive intervention and treatment dependence should be avoided. The limited scientific studies available show contradictory results of benefit. The submitted and reviewed documentation indicated the worker was experiencing headaches and wrist and arm pain. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for six sessions of deep tissue massage for the wrist is not medically necessary.

**Acupuncture for wrist x 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**Decision rationale:** The MTUS Guidelines recommend the use of acupuncture when pain medication is not tolerated or can be reduced with this treatment. It can also be used alongside rehabilitation and/or surgery to speed recovery. Some accepted goals include a decreased pain level, improved nausea caused by pain medications, increased range of joint motion, improved relaxation with anxiety, and reduced muscle spasms. Acupuncture treatment can include the use of electrical stimulation. Functional improvement is expected within three to six treatments. The Guidelines support having acupuncture treatments one to three times per week for up to one to two months. The submitted and reviewed documentation indicated the worker was experiencing headaches and wrist and arm pain. The worker had completed six sessions of acupuncture with modest improvement in the past. The reviewed records did not specify the goals of treatment or describe special issues that sufficiently supported the use of more acupuncture sessions than is generally supported by the Guidelines. In the absence of such evidence, the current request for six sessions of acupuncture for the wrist is not medically necessary.