

<b>Case Number:</b>	CM15-0213975		
<b>Date Assigned:</b>	11/03/2015	<b>Date of Injury:</b>	04/06/2010
<b>Decision Date:</b>	12/16/2015	<b>UR Denial Date:</b>	10/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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 4-6-2010. The injured worker is undergoing treatment for: complex regional pain syndrome of upper extremity, upper extremity pain over use compensatory, situational depression, complex regional pain syndrome of leg, cervical fascia inflammation, bilateral leg pain, bilateral upper arm pain, and cervical region spondylopathy. On 8-28-15, she was seen for follow up to complex regional pain syndrome. On 9-17-15, she reported "I am doing really good". On 10-6-15, she reported pain in the neck and right leg, and depression. She indicated massage therapy helped with headaches and range of motion of her shoulder bilaterally. Objective findings revealed tenderness of the left sternocleidomastoid, right hand contracture, pain with range of motion of fingers on right hand, temperature difference between the lower extremities with right being warmer than left. The treatment and diagnostic testing to date has included: bone scan of the hands and wrist (2-25-11), CT scan of the head (11-9-12), multiple sessions of massage therapy, dorsal column stimulator. Medications have included: pennsaid, ultram, Flexeril, Topamax, gabapentin, and Norco. Current work status: temporary total disability. The request for authorization is for: physical therapy and massage therapy two times a week for four weeks for the bilateral upper extremity pain and cervical fascia inflammation. The UR dated 10-20-2015: non-certified the request for physical therapy and massage therapy two times a week for four weeks for the bilateral upper extremity pain and cervical fascia inflammation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Physical Therapy/Massage Therapy 2x4 For Bilateral Upper Extremity Pain And Cervical Fascia Inflammation with [REDACTED]: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

**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) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work injury in April 2010 while working as a school superintendent when she slipped and hit her right hand. She is being treated for chronic pain with a diagnosis of CRPS. Treatments include medications and a spinal cord stimulator. In May through July 2015 more than 12 physical therapy treatments are documented. A functional restoration program was requested in July 2015. When seen, she had completed an intensive physical therapy program, which had included massage therapy as well as other modalities. She had complaints of cervical inflammation and situational depression. Physical examination findings included left sternocleidomastoid muscle tenderness. There were findings consistent with her diagnosis of right upper extremity CRPS. Medications and physical therapy with massage was 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 already in excess of guideline recommendations. In terms of physical therapy, the claimant is being treated for chronic pain with no new injury and has recently had physical therapy. Patients are expected to continue active therapies at home. Compliance with a home exercise program would be expected. The number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. The request is not medically necessary.