

Case Number:	CM15-0031050		
Date Assigned:	02/24/2015	Date of Injury:	03/03/2011
Decision Date:	04/06/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/19/2015

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, 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 55 year old female, who sustained an industrial injury on 03/03/2011. She has reported cervical spine pain. The diagnoses have included chronic right carpal tunnel syndrome; chronic right de Quervain's tenosynovitis; chronic right shoulder sprain; chronic left shoulder sprain; and chronic cervical pain. Treatment to date has included medications, massage therapy, and home exercise program. Medications have included Vicodin, Voltaren Gel, and Lidoderm Patches. A progress note from the treating physician, dated 12/18/2014, documented a follow-up visit with the injured worker. The injured worker reported pain in the neck, bilateral shoulders, forearms, and wrists; and numbness and tingling in her hands. Objective findings included decreased cervical spine range of motion; tenderness of both forearms and wrist; paracervical, parathoracic, and paralumbar tenderness; thoracic and lumbar spasm; and bilateral rotator cuff supraspinatus and infraspinatus tenderness. Request is being made for Massage Therapy Cervical Spine. On 01/26/2015 Utilization Review noncertified a prescription for Massage Therapy Cervical Spine #6. The CA MTUS was cited. On 01/29/2015, the injured worker submitted an application for IMR for review of Massage Therapy Cervical Spine #6.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy Cervical Spine #6: 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 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. Furthermore, there is no documentation of objective functional improvement from the therapy sessions already authorized. Additionally, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.