

<b>Case Number:</b>	CM15-0035094		
<b>Date Assigned:</b>	03/03/2015	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	04/13/2015	<b>UR Denial Date:</b>	02/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/24/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of April 1, 2013. In a Utilization Review Report dated February 2, 2015, the claims administrator failed to approve a request for massage therapy for the elbow. The claims administrator referenced a January 6, 2015 progress note in its determination. The claims administrator contended that the request represented an extension of previously ordered and/or previously provided massage therapy for the elbow. The applicant's attorney subsequently appealed. On February 3, 2015, the applicant reported ongoing complaints of elbow and hand pain, highly variable, 7-9/10, exacerbated by lifting. The applicant was using morphine, Prilosec, Naprosyn, Neurontin, Soma, tramadol, and Lidoderm patches, it was acknowledged. The applicant had retired from his former employment, it was acknowledged. The applicant had alleged development of pain complaints secondary to cumulative trauma at work. The applicant had reportedly ceased smoking. Massage therapy was endorsed at various points in time, including on November 9, 2014. The applicant was described as having significant myofascial pain complaints on that date, as well as on a later note dated January 21, 2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy one time a week for six weeks, right elbow quantity: 6:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) elbow chapter: Massage.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy; Physical Medicine Page(s): 60; 98.

**Decision rationale:** No, the request for massage therapy for the elbow was not medically necessary, medically appropriate, or indicated here. As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be employed an adjunct to other recommended treatments, such as exercise, and should be limited to four to six treatments in most cases. Here, the applicant had seemingly had earlier massage therapy in excess of this amount in 2014-2015 alone. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. The request for continued massage therapy, thus, is at odds with both pages 60 and 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.