

Case Number:	CM15-0051379		
Date Assigned:	03/24/2015	Date of Injury:	04/08/2013
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/18/2015

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: District of Columbia, Virginia
 Certification(s)/Specialty: Internal 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 41 year old male who sustained an industrial injury to his left wrist and left arm on April 8, 2013. Diagnostic tests performed were a magnetic resonance imaging (MRI) of the left wrist in June 2013 and an Electromyography (EMG) Nerve Conduction Velocity (NCV) in October 2013. The injured worker was diagnosed with bilateral ulnar neuropathy at the elbows by Nerve Conduction Velocity (NCV) and left extensor carpi ulnaris tenosynovitis. The injured worker is status post left ulnar neurolysis at the elbow and left extensor carpi ulnaris tenosynovectomy on December 23, 2014. Treatment to date has included physical therapy, trigger point injections, massage treatment and medications. According to the primary treating physician's progress report on March 11, 2015 the patient continues to experience weakness and numbness of the left lateral elbow and tingling of the ulnar fingers. His neck, left shoulder and upper back pain continues. Examination demonstrated left elbow is non-tender with full range of motion. The left ulnar area demonstrated tenderness to palpation with mild restriction of range of motion. Overall there was gradual improvement in numbness. Current medications are listed as Tramadol, Gabapentin and Naproxen. Treatment plan consists of continuing with active range of motion, continue with hand therapy, and remain off work. The primary treating physician is requesting authorization for massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of massage therapy for the left upper extremity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

Decision rationale: Per MTUS: Massage therapy, Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) After reviewing the clinical documentation provided, the patient has exceeded the number of recommended of massage therapy sessions. Further sessions would not be indicated, as per cited guidelines. The request is not medically necessary.