

<b>Case Number:</b>	CM15-0061069		
<b>Date Assigned:</b>	04/07/2015	<b>Date of Injury:</b>	11/09/2011
<b>Decision Date:</b>	05/07/2015	<b>UR Denial Date:</b>	03/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/31/2015

### 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 58 year old female, who sustained an industrial injury on November 9, 2011. She reported injuries of the neck and upper extremities. The injured worker was diagnosed as having neck pain, bilateral upper extremities pain, status post bilateral carpal tunnel release in 2012, and status post bilateral radial tunnel release in 2012 and 2013. Treatment to date has included MRI, electrodiagnostic studies, self-traction for the neck, massage therapy, acupuncture, and medications including pain, muscle relaxant, and non-steroidal anti-inflammatory. She has been declared permanent and stationary. On February 23, 2015, the injured worker complains of neck and upper extremity pain, with increased left elbow pain radiating to her fifth finger. Her neck pain was unchanged. Her neck pain and tension is significantly decreased with massage, with increased neck range of motion. She has occasional numbness and tingling in the right arm. The physical exam revealed tenderness in the paracervical muscle in the facets and decreased range of motion of the cervical spine. There was a decreased right biceps reflex, normal right upper extremity sensation, decreased sensation in the left medial forearm and the fifth finger, normal bilateral upper extremities strength, a positive Tinel's at the left elbow, tenderness of the left elbow, and negative Hoffman and clonus. The treatment plan includes an additional 6 visits of massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional message therapy 6 visits for neck pain, bilateral upper ext:** Upheld

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

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

**Decision rationale:** The claimant sustained a work-related injury in November 2011 and continues to be treated for neck pain with right upper extremity symptoms. Treatment has already included 6 massage sessions with reported decreased pain and improved range of motion. 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 in excess of guideline recommendations and there is no evidence of an adjunctive exercise program. The request was therefore not medically necessary.