

<b>Case Number:</b>	CM14-0162286		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	03/18/2011
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 74 pages provided for this review. This was a request for six additional massage therapy visits over six weeks for the right wrist. Per the records provided, this 33-year-old female was injured on March 18, 2011. The mechanism of injury occurred when she was installing a tire and she injured the right wrist. The diagnoses were sprain of the thoracic region, neck, chronic pain syndrome, ganglion cyst of the wrist, chronic wrist pain, myalgia, numbness of the hand, tendinitis of the right wrist and scapholunate instability. An orthopedic agreed medical exam from July noted the patient sustained a left limb injury in 2009 and had a small tear of the triangular fibrocartilage. She reached maximal medical improvement. As of September 16, she continued with constant right wrist pain. The patient has had past physical therapy, and was in a home program. Recent massage therapy had reduced burning and other symptoms. There is no current acute flare-up. She also had a referral for chiropractic care. I did not see the number of past massage sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 Additional massage therapy visits over 6 weeks for right wrist: 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 Massage Therapy Page(s): 60.

**Decision rationale:** Regarding Massage therapy, the MTUS notes 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. In this case, objective functional benefit out of the first six sessions was not noted. Moreover, it is not clear it is being proposed as an adjunct to other treatment, such as exercise. The guides also suggest a six session limit. The request is not medically necessary and appropriate.