

Case Number:	CM14-0217361		
Date Assigned:	01/06/2015	Date of Injury:	04/19/2011
Decision Date:	02/28/2015	UR Denial Date:	12/22/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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: Arizona, California
Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

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

49 yr. old female claimant sustained a work injury on 4/19/11 involving the neck and arms. She was diagnosed with left lateral epicondylitis and right forearm extensor tendonitis. An EMG in May 2013 indicated the claimant had C5/C6 radiculopathy. A progress note on 12/3/14 indicated the claimant had 6/10 pain. She had undergone several sessions of acupuncture. Exam findings were unremarkable and non-focal. The physician requested continuing Hydrocodone and topical for pain along with 6 sessions of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy QTY #6: Upheld

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

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

Decision rationale: According to the guidelines, massage therapy is 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. In this case, there was no indication of current exercise or therapy program. The exam findings did not indicate any abnormal musculoskeletal findings that would necessitate massage therapy. As a result, the request is not medically necessary.