

Case Number:	CM15-0004299		
Date Assigned:	01/15/2015	Date of Injury:	03/11/2000
Decision Date:	03/16/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/08/2015

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: North Carolina

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:

The injured worker is a 59 year old female, who sustained a work related injury on 3/11/00. She reported progressive worsening pain and paresthesia symptoms of hands, wrists and fingers. The diagnoses have included carpal tunnel syndrome, cervical spondylosis, pain in joint of hand. Treatment to date has included a NCV/EMG study, x-rays of both hands, bilateral carpal tunnel releases, chiropractic treatments, acupuncture, Ketamine 5% cream, Voltaren gel, oral medications, herbal pain patch and massage therapy. In the PR-2 dated 11/19/14, the injured worker complains of increased pain in swelling in both wrists and hand after working 8 hour day. She complains of numbness in left arm. She complains of neck and upper back pain. On 12/6/14, Utilization Review non-certified a request for massage therapy - 8 treatments, noting there is no documentation of the effect of previous massage therapy in relation to functional improvement. The injured worker is almost 15 years status post injury and massage therapy at this point would not improve long-term benefits. There are no guidelines to support massage therapy for hands and wrists. ODG was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy - 8 treatments. (Cervical Spine, Lumbar Spine, Bilateral Hands And Bilateral Wrists).: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Neck & upper back: Massage

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

Decision rationale: The California chronic pain medical treatment guidelines section on massage states: 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 followup. 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) Massage/myofascial release is a recommended treatment option per the California MTUS as an adjunct to exercise. However the requested amount of session is in excess of the guideline recommendations. Therefore the request is not certified.