

<b>Case Number:</b>	CM15-0006771		
<b>Date Assigned:</b>	01/26/2015	<b>Date of Injury:</b>	03/15/2009
<b>Decision Date:</b>	06/23/2015	<b>UR Denial Date:</b>	12/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2015

### 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 33 year old female, who sustained an industrial injury on 3/15/2009. She reported several boxes fell onto the right side of the neck and right shoulder in addition to continuous repetitive type activity. Diagnoses include right arm pain, neck pain, sciatica and carpal tunnel syndrome. Treatments to date include analgesic, muscle relaxer, topical Lidoderm patches, acupuncture treatments, epidural steroid injection, and myofascial release therapy. Currently, she complained of pain in the neck on the right side and throughout the right arm, right forearm, and right hand. On 12/3/14, the physical examination documented decreased right shoulder and cervical spine range of motion. The impression was right arm reflex sympathetic dystrophy symptomology. The plan of care included twelve additional massage therapy sessions for the right hand and shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Massage Therapy Visits for the Right Hand and Shoulder: 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:** The claimant sustained a work-related injury in March 2009 and continues to be treated for right upper extremity and right-sided neck pain. Diagnoses include right upper extremity RSD (CRPS). She is receiving massage for management of edema. When seen, there was decreased cervical spine and right upper extremity range of motion with stiffness. 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 requested is in excess of guideline recommendations. Additionally, there is no adjunctive treatment documented such as elevation and compression with wraps or a garment which would be expected to be effective in managing the claimant's edema. The request is not medically necessary.