

<b>Case Number:</b>	CM15-0010408		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	07/18/2014
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	01/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/19/2015

### 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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 patient is a 24 year old female who sustained a work related injury when her elbow landed on a glass vase, lacerating her elbow and severing the ulna nerve on July 18, 2014. The injured worker was diagnosed with right ulna nerve transection proximal to the cubital tunnel. On July 24, 2014 the injured worker underwent a right ulnar nerve repair at the cubital tunnel region. The injured worker wears an anti-clawing splint. Current medications are Tramadol and Spironolactone. Treatment modalities consisted of heat treatment; splint, physical therapy/ occupational therapy, home exercise program and stretching. The treating physician requested authorization for Massage therapy 1-2 times a week for 4-6 weeks to the right forearm to improve blood flow. On January 13, 2015 the Utilization Review modified the certification for Massage therapy 1-2 times a week for 4-6 weeks to the right forearm to Massage Therapy times 6 sessions to the right forearm. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage 1-2 X 4-6 Right Forearm To Improve Blood Flow: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The patient presents with pain affecting the right elbow. The current request is for Massage 1-2 X 4-6 Right Forearm to Improve Blood Flow. The treating physician states, "Requesting massage therapy to improve blood flow to right upper extremity. Continue <2lb lifting, pushing, and pulling." The treating physician also documents that the patient had right elbow surgery in July 2014. (7E) The MTUS guidelines state, "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. 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." While this patient may require up to 6 visits of massage per the MTUS guidelines, the current request is for up to 12 visits which exceeds the guideline recommendation. The current request is not medically necessary and the recommendation is for denial.