

Case Number:	CM15-0015802		
Date Assigned:	02/03/2015	Date of Injury:	09/17/2011
Decision Date:	03/27/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	01/27/2015

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

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 injured worker is a 56-year-old female, with a reported date of injury of 09/17/2011. The diagnoses include hand pain and hand crush injury. Treatments have included hand therapy, multiple hand surgeries, and oral medications. The new patient consultation dated 12/23/2014 indicates that the injured worker had gone through a significant amount of hand therapy, which had decreased her pain and increased her overall strength. The total number of hand therapy visits was not included in the documentation. She reported having difficulty using her hands with almost every activity of daily living. The injured worker described the right hand pain as aching with tightness in her hand and forearm and occasional stabbing type sensation. She rated her pain 9 out of 10 without medication and 6 out of 10 with medication. The treating physician requested eight massage therapy visits for the hand to help with scar tissue adhesions and to decrease any muscle tightness or myofascial restrictions while improving her overall functional mobility. On 01/21/2015, Utilization Review (UR) denied the request for eight (8) massage therapy visits for the hand, noting that the request exceeds the total massage therapy visits recommended by the guidelines and there was no documentation of the exact number of physical therapy visits completed to date. The MTUS Chronic Pain Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, 8 visits for hand: 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: This patient presents with right hand/wrist pain. The treater is requesting massage therapy, eight visits for hand. The RFA was not made available for review. The patient's date of injury is from 09/17/2011 and her current work status is permanent and stationary. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment dependence should be avoided. The records do not show any previous massage therapy treatments. The 12/23/2014 report shows difficulty with opposition of the right hand and wrist. She is unable to make a fist with the third through the fifth finger curling. Sensation is grossly intact. Wrist range of motion supination within functional limits, pronation within functional limits. Significant forearm tightness and myofascial restrictions. The treater would like to try massage therapy to help with scar tissue adhesions and decrease any muscle tightness or myofascial restrictions while improving overall functional mobility. In this case, while a trial may be appropriate for this patient, the requested eight sessions exceeds MTUS guidelines. The request IS NOT medically necessary.