

<b>Case Number:</b>	CM15-0018280		
<b>Date Assigned:</b>	02/06/2015	<b>Date of Injury:</b>	09/06/2000
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	12/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/30/2015

### 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: Internal Medicine

### 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 48 year old female, who sustained an industrial injury on September 6, 2000. She has reported bilateral hand and wrist pain. The diagnoses have included carpal tunnel syndrome, bilateral wrist pain due to ulnar nerve neuropathy and possible unresolved carpal tunnel syndrome, and chronic regional pain syndrome. Treatment to date has included medications, stellate ganglion block, acupuncture, acupressure and massage therapy. A progress note dated December 9, 2014 indicates a chief complaint of continued bilateral hand and wrist pain. Physical examination showed decreased grip strength and range of motion of the right hand, and pain with range of motion of the left wrist. The treating physician is requesting acupressure and massage therapy for the bilateral wrists as the injured worker had positive results with prior treatments. On December 31, 2014 Utilization Review denied the request for the acupressure and massage therapy citing the MTUS chronic pain medical treatment guidelines and acupuncture treatment guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Acupressure and Massage Therapy 2x a week for 5weeks for Bilateral Wrist: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page 60.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that massage therapy should be an adjunct to other recommended treatment, and it should be limited to 4-6 visits. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. There is a lack of long-term benefits. Medical records document a history of right upper extremity complex regional pain syndrome, stellate ganglion block 6/9/14, bilateral wrist pain, ulnar neuropathy, carpal tunnel syndrome, and sympathetically mediated pain. Massage therapy two times a week for five weeks (10) was requested. Per MTUS, massage therapy should be limited to 4-6 visits. Therefore, the request for 10 massage therapy visits exceeds MTUS guidelines, and is not supported by MTUS. Therefore, the request for acupressure and massage therapy is not medically necessary.