

Case Number:	CM15-0019806		
Date Assigned:	02/09/2015	Date of Injury:	05/23/2013
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/02/2015

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: Pennsylvania

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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:

This female injured worker sustained an industrial injury on May 23, 2013. She has reported cumulative trauma from repetitive use of her hands. The diagnoses have included carpal tunnel syndrome. Treatment to date has included medications, surgery, acupuncture, physical therapy and wrist splint. Currently, the injured worker complains of right wrist and right upper extremity pain. He pain was rated as a 7 on a 1-10 pain scale without medications and as a 5/10 with medications. Her medications were noted to be helpful and well tolerated. Acupuncture and physical therapy were reported to help with her pain relief. On January 22, 2015 Utilization Review non-certified massage therapy 1-1 x 4-6 (8 visits), noting the CA MTUS Guidelines. On February 2, 2015, the injured worker submitted an application for Independent Medical Review for review of massage therapy 1-2 x 4-6 (8 visits).

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 1-2 x 4-6 = 8 visits: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage and Physical Medicine Page(s): page(s) 60; page(s) 98-99.

Decision rationale: The MTUS Guidelines discuss massage therapy as an option along with other recommended treatments, such as exercise, and it should be limited to four to six visits. Massage is a passive intervention and treatment dependence should be avoided. The limited scientific studies available show contradictory results of benefit. The submitted and reviewed records concluded the worker was suffering from left wrist and hand pain and numbness, ulnar neuropathy, myalgia, and myofascial pain syndrome. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for eight sessions of massage therapy done one to two times for four to six weeks is not medically necessary.