

Case Number:	CM15-0113309		
Date Assigned:	06/19/2015	Date of Injury:	12/14/2010
Decision Date:	07/22/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/11/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 63-year-old who has filed a claim for chronic neck, shoulder, thumb, hand, and wrist pain reportedly associated with an industrial injury of December 14, 2010. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for 18 sessions of massage therapy for the wrist and thumb. The claims administrator referenced a progress note and associated RFA form of May 4, 2015 in its determination. The claims administrator contended that the applicant had received 34 sessions of physical therapy over the course of the claim, it was incidentally noted. The applicant's attorney subsequently appealed. In a progress note dated December 8, 2014, the applicant reported 6-9/10 neck pain complaints. Severe headaches were reported. The applicant was off of work and receiving both Worker's Compensation indemnity benefits and disability insurance benefits, it was acknowledged. Celebrex, Percocet, baclofen, Nucynta, Zanaflex, a topical compounded agent, and medial branch blocks were sought. The applicant's BMI was 34, it was reported. In a RFA form dated May 4, 2015, 15 sessions of massage therapy were sought. In an associated progress note of the same date, May 4, 2015, the applicant reported ongoing complaints of thumb, wrist, hand, knee, and neck pain. The applicant was no longer working, it was acknowledged. The applicant had undergone earlier failed cervical spine surgery, it was incidentally noted. A lengthy course of massage therapy and permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the right shoulder and both wrists and thumbs, twice a week for eight weeks: 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; Physical Medicine Page(s): 60; 98.

Decision rationale: No, the request for 15 sessions of massage therapy was not medically necessary, medically appropriate, or indicated here. As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended only as an adjunct to other recommended treatments, such as exercise, should be limited to four to six visits in most cases. Here, the request for 15 sessions of massage therapy, thus, represented treatment well in excess of MTUS parameters. There was no indication that either the attending provider or applicant was intent on employing the proposed massage therapy in conjunction with an exercise program. Page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that passive modalities, as a whole, should be employed "sparingly" during the chronic pain phase of a claim. Here, the request for a 15-session course of massage therapy, thus, ran counter to principles articulated both on pages 60 and on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.