

<b>Case Number:</b>	CM15-0096715		
<b>Date Assigned:</b>	05/27/2015	<b>Date of Injury:</b>	08/20/2008
<b>Decision Date:</b>	06/25/2015	<b>UR Denial Date:</b>	05/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/19/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 60 year old woman sustained an industrial injury on 8/20/2008. The mechanism of injury is not detailed. Diagnoses include cervical myofascial pain and bilateral carpal tunnel syndrome. Treatment has included oral medications. Physician notes dated 4/23/2015 show complaints of cervical spine pain and bilateral hand and wrist complaints. Recommendations include in-house massage therapy and follow up in one month.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 2 times a week for 6 weeks to the cervical spine and bilateral wrists:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Elbow Chapter, Massage.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, p60.

**Decision rationale:** The claimant sustained a work-related injury in August 2008 and is being treated for chronic cervical myofascial pain and bilateral carpal tunnel syndrome. When seen, Soma was not being tolerated. The claimant's BMI was over 31. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. In this case, there was no adjunctive treatment being planned. Therefore, this request was not medically necessary.