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**Notice of Independent Medical Review Determination**

Dated: 11/15/2013

[REDACTED]

[REDACTED]

Employee: [REDACTED]  
Claim Number: [REDACTED]  
Date of UR Decision: 7/16/2013  
Date of Injury: 1/31/2008  
IMR Application Received: 7/25/2013  
MAXIMUS Case Number: CM13-0003453

- 1) MAXIMUS Federal Services, Inc. has determined the request for **massage therapy two (2) times a week times five (5) weeks for bilateral wrist is not medically necessary and appropriate.**

## INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/25/2013 disputing the Utilization Review Denial dated 7/16/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/31/2013. A decision has been made for each of the treatment and/or services that were in dispute:

- 1) MAXIMUS Federal Services, Inc. has determined the request for **massage therapy two (2) times a week times five (5) weeks for bilateral wrist is not medically necessary and appropriate.**

### **Medical Qualifications of the Expert Reviewer:**

The Medical Doctor who made the decision has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 treatments and/or services at issue.

### **Case Summary:**

Disclaimer: The following case summary was taken directly from the utilization review denial/modification dated July 16, 2013

"Patient Issue(s) to be analyzed: Is Massage Therapy 2xWk x 5Wks for Bilateral Wrist medically necessary? Nurse Clinical summary: DOI: 01/31/2008 DOE: 06/25/2013 Injured worker is in for follow up check up. Applicant complains of significant pain in the wrists. Examination shows motor weakness on the upper extremities, rated at 4-5/5. Sensory examination notes decreased light touch and thermal sensation as well as vibratory sensation in the right upper extremity over the levels C6 and C7. There is positive Tinels in the right wrist and positive Phalenaus. There is tenderness to palpation noted on the lateral picondyle on the left side. Claimant is currently taking in Nucynta ER 150 mg 2 times a day, Butrans dermal patch, Topamax 50 mg 2 times a day and Ambien for pain relief. Claimant was diagnosed with cervicalgia with radiculopathy and bilateral carpal tunnel syndrome. Massage Therapy 2xWk x 5Wks for Bilateral Wrist was requestad. Date of injury: 01/31/2008 Diagnoses: 354.0 CARPAL TUNNEL SYNDROME"

### **Documents Reviewed for Determination:**

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application for Independent Medical Review
- Utilization Review Determination
- Employee medical records from employee/representative
- Medical Treatment Utilization Schedule (MTUS)

**1) Regarding the request for massage therapy two (2) times a week times five (5) weeks for bilateral wrist:**

Medical Treatment Guideline(s) Relied Upon by the Expert Reviewer to Make His/Her Decision:

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, which is part of the MTUS.

The Expert Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 60, which is part of the MTUS.

Rationale for the Decision:

The employee was injured on 1/31/2008. The records submitted for review indicate that the employee has had pain medications, and home exercise therapy. The most recent available medical records, dated 6/25/2013, indicate that the employee complained of significant pain in the wrist. A request was submitted for massage therapy two (2) times a week for (FIVE) 5 weeks for bilateral wrists:

The MTUS Chronic Pain guidelines, page 60, recommend massage therapy. The guidelines state massage is beneficial in attenuating diffuse musculoskeletal symptoms, but benefits were only registered during treatment. In addition, this is a passive treatment that may lead to dependence according to the guidelines. The guidelines state massage should be combined with other treatment, such as exercise. The employee is currently exercising. However, the guidelines limit treatment to 4-6 visits. This request asks for 10 visits, which exceeds guidelines recommendations. **The request for massage therapy massage therapy two (2) times a week times five (5) weeks for bilateral wrists is not medically necessary and appropriate.**

**Effect of the Decision:**

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the final determination of the Administrative Director, Division of Workers' Compensation. With respect to the medical necessity of the treatment in dispute, this determination is binding on all parties.

In accordance with California Labor Code Section 4610.6(h), a determination of the administrative director may be reviewed only if a verified appeal is filed with the appeals board for hearing and served on all interested parties within 30 days of the date of mailing of the determination to the employee or the employer. The determination of the administrative director shall be presumed to be correct and shall be set aside only upon proof by clear and convincing evidence of one or more of the grounds for appeal listed in Labor Code Section 4610.6(h)(1) through (5).

Sincerely;

Paul Manchester, MD, MPH  
Medical Director

cc: Department of Industrial Relations  
Division of Workers' Compensation  
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Oakland, CA 94612

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Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.