

Case Number:	CM13-0015459		
Date Assigned:	01/15/2014	Date of Injury:	11/10/2004
Decision Date:	05/09/2014	UR Denial Date:	08/02/2013
Priority:	Standard	Application Received:	08/22/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she 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 physician 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/services.

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 [REDACTED] employee who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of November 10, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; eleven sessions of massage therapy between 2012 and 2013, per the claims administrator; and topical agents. The applicant's case and care have apparently been complicated by diabetes, coronary artery disease, and dyslipidemia. In a Utilization Review Report of August 2, 2013, the claims administrator denied a request for 24 sessions of massage therapy. The applicant's attorney subsequently appealed. A June 9, 2013 progress note was notable for comments that the applicant reported persistent elbow pain. The applicant was obese with a BMI of 33. The applicant was given diagnoses of cubital tunnel syndrome and upper arm pain. A 24-session course of massage therapy was sought on the grounds that earlier massage therapy had reportedly diminished the applicant's pain. The applicant's work status was not clearly detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MESSAGE THERAPY FOR THE RIGHT ELBOW TWO (2) TIMES A WEEK FOR TWELVE (12) WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MESSAGE THERAPY Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MESSAGE THERAPY TOPIC AND PHYSICAL MEDICINE TOPIC Page(s): 60, 98-99.

Decision rationale: The 24-session course of massage therapy, in and of itself, does represent treatment in excess of the four to six-session course recommended on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines for massage therapy. The MTUS further notes that massage therapy should be considered an adjunct to more efficacious treatment. In this case, however, the request does not conform to MTUS parameters or MTUS principles as pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines further endorse active therapy and active modalities during the chronic pain phase of an injury. The attending provider has not proffered any applicant-specific rationale, narrative, or commentary which would offset the unfavorable MTUS recommendations. Therefore, the request remains not certified, on Independent Medical Review.