
Notice of Independent Medical Review Determination

Dated: 10/3/2013

[REDACTED]

[REDACTED]

[REDACTED]

Employee: [REDACTED]
Claim Number: [REDACTED]
Date of UR Decision: 7/11/2013
Date of Injury: 9/16/2003
IMR Application Received: 7/22/2013
MAXIMUS Case Number: CM13-0002457

- 1) MAXIMUS Federal Services, Inc. has determined the request for massage therapy 1 time per week for 4 weeks **is not medically necessary and appropriate.**

INDEPENDENT MEDICAL REVIEW DECISION AND RATIONALE

An application for Independent Medical Review was filed on 7/22/2013 disputing the Utilization Review Denial dated 7/11/2013. A Notice of Assignment and Request for Information was provided to the above parties on 7/25/2013. 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 1 time per week for 4 weeks **is not medically necessary and appropriate.**

Medical Qualifications of the Expert Reviewer:

The independent 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 Physical Medicine and Rehabilitation 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 11, 2013:

“RATIONALE FOR DETERMINATION: The records reflect that the claimant is a 46 year old female with a date of injury nearly a decade ago (September 16, 2003). The progress report indicates ongoing neck pain and right shoulder pain. It is reported that the chairs at work are broken, altering work posture and head position. The physical examination noted decreased range of motion and spasm in the neck. It is noted that the claimant receives chiropractic care and massage once or twice a month for an undetermined number of months. Therefore, when considering the injury sustained, the amount of therapy already received, and continued subjective complaints and objective findings noted on the PR-2 form, massage therapy 1 X 4 weeks is not medically necessary and recommended for non-certification.”

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 (received 7/22/2013)
- Utilization Review Determination from [REDACTED] (dated 7/11/2013)
- Medical Records provided by the claims administrator
- Medical Treatment Utilization Schedule

1) Regarding the request for massage therapy 1 time per week for 4 weeks:

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 (2009), pages 58-59, which are part of the California Medical Treatment Utilization Schedule (MTUS). The provider did not dispute the guidelines used by the Claims Administrator. The Expert Reviewer found the guidelines used by the Claims Administrator relevant and appropriate for the employee's clinical circumstance.

Rationale for the Decision:

The employee was injured on 9/16/13 and has experienced ongoing neck and right shoulder pain. The medical records submitted for review indicate that the employee has decreased range of motion and spasm to the neck. The medical records indicate that the employee had a right shoulder arthroscopy in August 2008 and continues to report significant flare-ups for chronic pain. A request was submitted for massage therapy 1 time per week for 4 weeks.

The MTUS Chronic Pain guidelines indicate that massage therapy may be recommended as an option; however, it should be limited to 4 to 6 visits in most cases. The medical records submitted for review indicate that the patient currently undergoes chiropractic treatment as well as massage therapy 1 to 2 times per month to manage pain along with the use of medications and topical agents. However, there is no documentation as to the number of prior sessions attended. Furthermore, based on the office visit notes dated 3/08/13 and 7/02/13, there is no documentation of significant improvement based on an objective evaluation. The request for massage therapy 1 time per week for 4 weeks **is not medically necessary or 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;

Richard C. Weiss, MD, MPH, MMM, PMP
Medical Director

cc: Department of Industrial Relations
Division of Workers' Compensation
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/th

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.