

Case Number:	CM13-0013700		
Date Assigned:	09/26/2013	Date of Injury:	04/01/2011
Decision Date:	03/31/2014	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/19/2013

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 is a 54-year-old female patient with a reported injury on 04/01/2011. The patient has a known history for coronary artery disease. The patient had chest pain 2 years ago and underwent coronary angiography and required stenting on 04/26/2012. On physical exam 02/14/2013, the patient reported to the treating physician that she had had radiating left-sided chest pain into the neck, especially after lying flat. Then she took nitroglycerin and her symptoms did not improve completely. Surgical history is that the patient had a left renal artery bypass in 1977 and a nephrectomy in 1981. On 06/12/2012, the patient reported an injury 06/27/2008 while working for the [REDACTED] as a paramedic. She injured her cervical spine, left shoulder, arm, and chest while performing resistance training using kettle bells while on duty. She was raising the kettle bell too high and she felt pain in her neck, left shoulder, shoulder blade, and chest. The patient then stopped and applied ice. X-rays were taken but the results or findings were not provided. The patient then had physical therapy. The patient later underwent an MRI scan of the cervical spine and results were not provided but x-rays showed advanced spondylosis with disc space narrowing and anterior and posterior osteophyte formation at C5-6 and C6-7. The diagnosis is cervicalgia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four sessions of therapeutic massage: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: The CA MTUS Guidelines state that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. The strongest evidence for benefits of massage is for stress and anxiety reduction. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery. There was no documentation provided with subjective complaints or objective findings that would support the need for massage therapy. Although the CA MTUS Guidelines support massage therapy providing the treatment is an adjunct to other recommended treatments such as exercise, and limited to 4 to 6 visits in most cases, the documentation provided did not indicate the patient was involved in other therapy or conservative care. As such, the request is non-certified.