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| <b>Case Number:</b>   | CM13-0013909 |                              |            |
| <b>Date Assigned:</b> | 03/26/2014   | <b>Date of Injury:</b>       | 03/11/1997 |
| <b>Decision Date:</b> | 05/20/2014   | <b>UR Denial Date:</b>       | 08/08/2013 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/21/2013 |

### 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 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 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:

The applicant is a represented [REDACTED] employee, who has filed a claim for chronic neck pain and carpal tunnel syndrome reportedly associated with an industrial injury of March 11, 1997. 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; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of August 8, 2013, the claims administrator denied a request for six sessions of physical therapy to include deep tissue massage, although the MTUS Chronic Pain Medical Treatment Guidelines addresses the topic in hand, the claims administrator nevertheless invoked non-MTUS ODG Guidelines and Chapter 8 ACOEM Guidelines. The applicant's attorney subsequently appealed. In a progress report of February 1, 2013, the applicant was described as disabled and retired with persistent symptoms of neck pain and stiffness appreciated at that point in time. June 7, 2013, progress note was again notable for comments that that the applicant was "disabled." This was reiterated on additional notes dated May 3, 2013 and June 14, 2013. It also stated that the applicant was disabled. On August 2, 2013, the attending provider suggested that the applicant pursue six sessions of physical therapy with deep tissue massage for the shoulder and neck. The applicant was again placed off of work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**PHYSICAL THERAPY X 6 / DEEP TISSUE MASSAGE:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL THERAPY- NECK AND UPPER BACK Page(s): 175.

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

**Decision rationale:** As noted on pages 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be limited to four to six visits in most cases and should be considered an adjunct to more efficacious treatments, such as exercise. It is further noted that both pages 98 and 99 of the MTUS Chronic Pain Medical Treatment Guidelines endorse active therapy, active modalities, and self-directed home physical medicine. The six-session course of physical therapy to include the deep tissue massage modality, thus, runs counter to MTUS principles. It is further noted that the applicant was described in May 2013 as independently performing home exercises, effectively obviating the need for further formal physical therapy. Therefore, the request is not certified, on Independent Medical Review.