

Case Number:	CM13-0014276		
Date Assigned:	09/27/2013	Date of Injury:	09/24/1997
Decision Date:	02/11/2014	UR Denial Date:	08/13/2013
Priority:	Standard	Application Received:	08/20/2013

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 has filed a claim for chronic bilateral upper extremity pain, neck pain, low back pain, fibromyalgia, and psychological stress reportedly associated with an industrial injury of September 24, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications, extensive periods of time off of work; and prior shoulder surgery on September 27, 2012. In a Utilization Review Report of August 13, 2013, the claims administrator partially certified a request for eight sessions of massage therapy as four sessions of massage therapy. It was suggested that the applicant had previous massage therapy at earlier point of the claim but that additional treatment was been sought owing to the fact that an agreed medical evaluator recommended the same. An August 30, 2011 progress notes states that applicant was pursuing massage therapy as of that point in time was seemingly off of work as of that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions of massage therapy: Upheld

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

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

Decision rationale: As noted on page 60 of the MTUS Chronic Medical Treatment Guidelines, massage therapy should be considered an adjunct to other recommended treatments, such as exercise and should, in most cases, be limited to four to six visits. In this case, the eight sessions of treatment being sought by the attending provider does represent treatment in excess of MTUS parameters, in and of itself. It is further noted that the applicant appears to have had prior massage therapy, as suggested by clams administrator, and has failed to respond favorably to the same. The fact that she remains off of work, total temporary disability, several weeks removed from the date of injury, implies the prior massage therapy was unsuccessful. Therefore, the request is not certified.