

Case Number:	CM13-0018527		
Date Assigned:	10/11/2013	Date of Injury:	03/15/2012
Decision Date:	07/30/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	08/29/2013

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 New York and North Carolina. 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:

Patient injured 3/15/12, described as a crush injury to the right calf/ankle while working as a nurse manager. The neurologist has stated that he has complex regional pain syndrome in the right foot and requested massage therapy twice per week for 6 weeks. He has used Percocet for pain control along with Voltaren gel. He has also been prescribed other medications, such as Lyrica and Valium. He has also had lumbar sympathetic blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

Decision rationale: The number of visits requested exceeds chronic pain guidelines. Per MTUS guidelines, 4-6 visits should be sufficient for most. It is an adjunct to other treatment - i.e. exercise. The request for massage therapy of the foot is not medically necessary.