

<b>Case Number:</b>	CM13-0020951		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	03/15/2004
<b>Decision Date:</b>	03/05/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/06/2013

### 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 physician 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 mid back pain, low back pain, knee pain, neck pain, shoulder pain, and hand pain, reportedly associated with cumulative trauma at work, first claimed on March 15, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and massage therapy; adjuvant medications; attorney representation; prior knee total knee arthroplasty; and extensive periods of time off of work; on total temporary disability. In a utilization review report of August 12, 2013, the claims administrator denied a request for additional physical therapy and massage therapy, citing a lack of functional improvement with prior unspecified amounts of treatment. The claims administrator noted that the applicant has had at least 34 sessions of physical therapy and four sessions of massage therapy to date. The claims administrator citing non-MTUS ODG Guidelines at times and further cited outdated and mislabeled MTUS Guidelines, it is incidentally noted. The applicant's attorney subsequently appealed. A July 30, 2013 progress note is notable for comments that the applicant reports multifocal neck, mid back, low back, and knee pain. Additional physical therapy and massage therapy are sought. The applicant has had four recent sessions of massage therapy. It is stated that this decreases his pain. He is on Norco and Percocet, it is stated. He is asked to remain off of work, it is further noted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Six (6) sessions of physical therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and MTUS - Massage therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 8, 99.

**Decision rationale:** The Physician Reviewer's decision rationale: The applicant has had prior treatment (at least 34 sessions); seemingly well in excess of the 9- to 10-session course recommended on page 99 of the MTUS Chronic Pain Medical Treatment Guidelines for myalgias and/or myositis of various body parts. As noted on page 8 of the MTUS Chronic Pain Medical Treatment Guidelines, demonstration of functional improvement is necessary at various milestones in the treatment program, so as to justify continued treatment. In this case, however, there is no such evidence of functional improvement evident here. The applicant has failed to return to any form of work. There is no evidence of progressively diminishing work restrictions, improved performance of activities of daily living, and/or diminished reliance on medical treatment which might suggest the presence of functional improvement as defined in MTUS 9792.20f. The applicant remains highly reliant on various medications, including Norco, Percocet, etc., as well as various medical treatments, including massage therapy. Therefore, the request for additional physical therapy is not certified.

**Six (6) sessions of massage therapy:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and MTUS - Massage therapy.

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

**Decision rationale:** The Physician Reviewer's decision rationale: The applicant has had prior treatment (at least four sessions), seemingly compatible with the four- to six-session course of massage therapy recommended on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, which further notes that massage therapy should be considered an adjunct to more efficacious treatment and should be limited to four six visits in most cases. In this case, as with the physical therapy, there is no evidence of functional improvement as defined in MTUS 9792.20f, which would justify additional massage therapy beyond the guideline. The applicant's failure to return to any form of work and continued dependence on various medications and medical treatments, taken together, implies a lack of functional improvement as defined in MTUS 9792.20f. Accordingly, the request is not certified, on independent medical review.