

Case Number:	CM13-0021189		
Date Assigned:	11/08/2013	Date of Injury:	05/04/2013
Decision Date:	07/30/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/06/2013

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 patient is a 55 y/o female, DOI 5/04/13. Subsequent to a fall she developed persistent arm, leg, shoulder and low back discomfort. Conservative care was thought to be appropriate and a request for 12 sessions of physical therapy to include massage therapy was requested. The request was modified to approval of a 6 session trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy with Myofacial Massage to the back twice a week for six weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 99.

Decision rationale: For many of the reported body parts, ACOEM Guidelines are not specific regarding the initial number of physical therapy visits. However, MTUS chronic pain guidelines do note that massage therapy should be limited to 6 sessions and ODG Guidelines recommended upwards of 8-10 active physical therapy sessions for the low back and/or shoulder. The request for 12 sessions of therapy to include 12 sessions of massage exceeds Guideline

recommendations. There does not appear to be an exceptional basis to consider the totality of the request medically necessary.