

Case Number:	CM13-0043359		
Date Assigned:	12/27/2013	Date of Injury:	04/26/1999
Decision Date:	07/28/2014	UR Denial Date:	10/17/2013
Priority:	Standard	Application Received:	10/29/2013

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 Geriatrics 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 injured worker is a 56 year old man with a date of injury of 4/26/99. He was seen by his orthopedic physician on 9/24/13 complaining of neck pain radiating to both shoulders that ranges from 3-5/10. He was able to tolerate full duty work and was taking his medications and using his TENS unit. There is no physical exam documented. The provider indicated that the patient would still benefit from chiropractic treatment, acupuncture and massage therapy. The massage therapy is at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve massage therapy sessions: Upheld

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

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

Decision rationale: Massage therapy is recommended as an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. This

injured worker has chronic pain and has not had any recent surgery. The prior massage therapy visits are not documented with regards to number of treatments and efficacy. He was concurrently receiving massage, chiropractic, physical therapy and acupuncture. The medical records do not support the medical necessity of 12 additional massage therapy sessions.