

Case Number:	CM13-0045516		
Date Assigned:	12/27/2013	Date of Injury:	05/20/2001
Decision Date:	03/06/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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. 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 70-year-old female with date of injury on 05/20/2001. The patient continues with neck pain, low back pain, and right knee pain. It was noted that the patient had previous myofascial therapy with decreased pain symptoms. Physical exam and findings include: The patient moves slowly with antalgic gait, tenderness to palpation of the neck, low back. Knees are tender with crepitus. The patient ambulates with a cane. A request was made for an additional 6 sessions of deep tissue myofascial therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep tissue myofascial therapy (6 sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The patient continues with neck pain, low back pain, and right knee pain. The treating physician indicates the patient had prior myofascial therapy with decreased pain symptoms. Review of the records indicates the patient has received 6 sessions of myofascial

therapy between 08/28/2013 and 09/02/2013. MTUS page 60 regarding massage therapy states that massage therapy treatment should be an adjunct to other recommended treatment, and it should be limited to 4 to 6 visits in most cases. MTUS further states that massage is a passive intervention and treatment dependence should be avoided. It appears that this patient has recently undergone 6 sessions of massage therapy. The additional 6 sessions does not appear to be reasonable as the patient had a recent course of massage therapy. For additional treatments, functional improvement in terms of pain reduction, ADL improvement and reduction of medication/return to work would need to be demonstrated. Therefore, recommendation is for denial.