

<b>Case Number:</b>	CM13-0049046		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/03/2012
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 Family Practice and is licensed to practice in Texas. 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 32-year-old female who reported injury on 10/03/2012. The mechanism of injury was noted to be the patient was picking something up off the floor when a nearby patient fell on her back. The patient had trials of acupuncture, chiropractic care, a TENS unit and physical therapy. The most recent physical examination revealed the patient had range of motion restricted by pain. On palpation, paravertebral muscle tenderness was noted on the right side. The patient's range of motion with the neck was noted to be limited. There was tenderness noted in the cervical spine, paracervical muscles, and trapezius. The sensory examination was within normal limits. The patient had a positive Faber test and pain with resisted abduction. The diagnoses were noted to be backache, NOS, enthesopathy of hip, and joint pain up/arm. The treatment plan included medications, pain management psychologist, trigger point injections, massage therapy, and a consult with [REDACTED] as it was indicated pain was not in proportion to objective findings.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**9 massage therapy visits:** Upheld

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

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

**Decision rationale:** California MTUS Guidelines indicate that massage therapy is recommended as an option. The treatment should be used as an adjunct to other recommended treatment and should be limited to 4 to 6 visits in most cases. The clinical documentation submitted for review failed to indicate the patient would be using the massage therapy as an adjunct to other recommended treatment. The patient had been recommended to use a TENS unit and it was noted she was afraid to use it. Additionally, per the submitted request, the requested part the massage was for was not noted. The request per the physician was for massage therapy for the neck and shoulder pain. Additionally, 9 massage therapy visits would exceed guideline recommendations. Given the above, the request for 9 massage therapy visits is not medically necessary.