MAXIMUS Federal Services

Case Number:	CM13-0054388		
Date Assigned:	12/30/2013	Date of Injury:	03/25/2002
Decision Date:	08/15/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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 injured worker is a represented [redacted] employee who has filed a claim for chronic low back, bilateral shoulder, bilateral foot, neck, and knee pain reportedly associated with an industrial injury of March 25, 2002. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; earlier total knee arthroplasty with subsequent revision; earlier cervical fusion surgery; Achilles tendon repair; and unspecified amounts of physical therapy over the course of the claim; and, per the claims administrator, 100 sessions of massage therapy. In a Utilization Review Report dated November 13, 2013, the claims administrator denied a request for eight additional sessions of massage therapy. The injured worker's attorney subsequently appealed. In a progress note dated October 31, 2013, the injured worker was described as presenting with a primary complaint of bilateral foot pain. The injured worker was on Ambien, Mevacor, Norco, and Coumadin. The injured worker did have a history of atrial fibrillation, it was further noted. The injured worker was overweight with a BMI of 35. Stretching and repeat MRI imaging were sought. The injured worker was described as exhibiting a non antalgic gait. New orthotics were also endorsed. In a medical-legal evaluation on May 15, 2013, it was suggested that the injured worker was no longer working. On March 22, 2013, prescriptions were written for several neuropathic pain medications. Massage therapy was requested through a handwritten prescription on November 12, 2013, the claims administrator noted and further stated that this was not attached to a State-Mandated Request for Authorization (RFA) form.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 SESSIONS OF MASSAGE THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy topic, Physical Medicine topic Page(s): 60, 98-99.

Decision rationale: The 24-session course of massage therapy is in excess of the 4 to 6 session course of massage therapy recommended by the MTUS Chronic Pain Medical Treatment Guidelines. MTUS Guidelines further state that massage therapy should be an adjunct to other recommended treatments, such as exercise, and should not be employed as a primary treatment. In this case, it is noted that the injured worker has already had prior treatment (100 sessions) of massage therapy over the course of the claim. MTUS Chronic Pain Medical Treatment Guidelines endorse active therapy, active modalities, and self directed home physical medicine during the chronic pain phase of treatment. No compelling rational was established to support a variance from the guideline recommendations. Therefore, the request is not medically necessarily.