

<b>Case Number:</b>	CM13-0057196		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	05/20/2011
<b>Decision Date:</b>	03/27/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/25/2013

### 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 62-year-old female with a date of injury of 05/20/2011. The listed diagnoses per [REDACTED] dated 10/24/2013 are: (1) Degenerative disk disease, lumbar, (2) Lumbar spondylosis, (3) Radiculopathy of the lumbar spine. According to report dated 10/24/2013 by [REDACTED], the patient presents with complains of pain in her cervical spine, bilateral hands, wrists and knees, thoracic and lumbar spine, and the right ankle. Patient complains of cervical spine pain and bilateral upper extremity pain and bilateral knees, especially when walking down hills. It is noted that the patient is currently not doing any physical therapy. Objective findings state, "Patient continues to have pain and tenderness in the bilateral upper extremities, bilateral knees, and ankle." This is the extent of the physical examination reporting. Treater requests a trial of 3 deep tissue massages to the right ankle due to the patient being symptomatic.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient deep tissue massage one time a week for three weeks for the right ankle:**

Overtuned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** The Physician Reviewer's decision rationale: This patient presents with cervical spine, thoracic and lumbar spine, bilateral knees, bilateral hands, wrists, and right ankle pain. Treater is requesting a trial of 1x3 of outpatient deep tissue massage for the right ankle. The MTUS Guidelines page 60 under its chronic pain section has the following regarding massage therapy, "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment like exercise and it should be limited to 4 to 6 visits. In cases, massage is beneficial in extenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment". In this case, review of medical records dating from 06/17/2013 to 10/24/2013 indicates patient has not tried deep tissue massage for her right ankle complaints. A short trial of 3 sessions may be warranted at this time. Recommendation is for approval.