

Case Number:	CM13-0063087		
Date Assigned:	07/02/2014	Date of Injury:	03/22/2007
Decision Date:	08/27/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/09/2013

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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:

This is a 64-year-old female with a date of injury of 3/22/07. The mechanism of injury occurred at work as she was running down the hallway with a large linen cart, made a sharp turn, wheels locked, and she was thrown to the left, striking the wall with the left side of her body. On 11/11/13, she complained of left shoulder, low back, left lower extremity and bilateral knee pain. The objective findings include full range of motion of the lumbar spine and the knees. The diagnostic impression is left shoulder, superior labrum anterior posterior (SLAP), rotator cuff repair, chronic low back pain, chronic bilateral knee pains and chronic left lower extremity pain. The treatments to date are surgery, Physical Therapy and medication management. A UR decision dated 11/27/13 denied the requests for Massage Therapy and Physical Therapy. It is noted that she has had at least 63 physical therapy visits. Given the chronicity of this case and particularly given the very extensive Physical Therapy the patient previously received, the guidelines would support long-term independent active home rehabilitation at this time rather than supervised Massage Therapy and Physical Therapy at this time. The records do not provide a rationale as to why this patient requires additional supervised Massage Therapy or supervised Physical Therapy instead of a home exercise program. For those stated reasons the requests for Massage Therapy and Physical Therapy is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 2x 4: 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 Page(s): 60.

Decision rationale: CA MTUS states that Massage Therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Many studies lack long-term follow-up. Massage Therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage Therapy is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. In addition, the request is for 8 sessions, which exceeds the recommended 4 - 6 sessions therefore, the request for Massage Therapy 2 x 4 is not medically necessary.

Physical Therapy 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy Page(s): 98-99. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Pain, Suffering, and the Restoration of Function Chapter 6, page 114.

Decision rationale: CA MTUS stresses the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment, modification of the treatment plan based upon the patient's progress in meeting those goals, monitoring from the treating physician regarding progress and continued benefit of treatment is paramount. Physical medicine guidelines allow for fading of treatment frequency. However, the patient was noted to have had at least 63 Physical Therapy sessions which exceeds any specific number of sessions for any given area of treatment. The guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals and frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals. The request for 8 additional Physical Therapy sessions would put the patient's number of sessions at 71. In addition, there was no clear rationale as to why the patient is not compliant with an independent home exercise program at this point. Therefore, the request for Physical Therapy 2 x 4 is not medically necessary.