

<b>Case Number:</b>	CM14-0000430		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	08/03/2013
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/02/2014

### 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, has a subspecialty in Pain 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 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:

This 32 yr. old male claimant sustained a fall from a motorcycle on 8/3/13 while working as a police officer. Prior to the fall he had a history of lumbar disc disease. In the ED he was found to have a laceration to his chin and a right wrist injury. He was placed in a splint in the event of a possible fracture. A subsequent MRI showed a tear of the triangular fibrocartilage. He was ordered 12 sessions of physical therapy and a TENS unit. He used Percocet and Diclofenac for pain. On 11/11/13 massage therapy was ordered 1-2x/week for 8 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MESSAGE THERAPY TO INCLUDE MYOFASCIAL RELEASE 1 HOUR:** Upheld

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

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

**Decision rationale:** According to the MTUS guidelines Massage Therapy is recommended as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but

beneficial effects were registered only during treatment. Massage 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. Based on the guidelines, the employee was ordered massage therapy that exceeded the number of visits recommended. The addition of massage therapy with 1 hour of myofascial release is not within the scope of the guidelines and is also beyond the total number of visits recommended. The treatment requested is not medically necessary.