

Case Number:	CM14-0004441		
Date Assigned:	02/05/2014	Date of Injury:	11/13/2012
Decision Date:	06/20/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/13/2014

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 Physical Medicine and 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 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 41 year-old male who was injured on 11/13/12. He has been diagnosed with sprain of the both shoulders, both elbows and lateral epicondylitis both elbows. According to the 12/12/13 report, the patient presents with left forearm pain. On 12/19/13 UR states the patient had 8 sessions of massage therapy which was helpful, but denied the request for 4 additional sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY ONCE PER WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MASSAGE THERAPY, 60

Decision rationale: The patient injured both upper extremities and was reported to present with left forearm pain. The UR letter states the patient has had 8 sessions of massage therapy, and

denied the request for 4 additional. I have been asked to review for 4 sessions of massage therapy. MTUS guidelines has recommendations for massage, but states it should be limited to 4-6 sessions. The request for 4 sessions of massage when combined with the 8 sessions already provided will exceed MTUS recommendations.