

Case Number:	CM14-0006089		
Date Assigned:	03/03/2014	Date of Injury:	05/02/2006
Decision Date:	06/30/2014	UR Denial Date:	01/15/2014
Priority:	Standard	Application Received:	01/15/2014

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 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 patient is a 44-year-old male, with a date of injury of 5/02/06. He has developed chronic spinal and left lower extremity pain secondary to a 35ft. fall. He has had multiple major surgical procedures on the left knee and he has had spinal stabilization surgery at the thoracic lumbar junction secondary to a fracture. There has been collapse of some of the fusion elements. He is being treated with oral analgesics that are currently being adjusted. There has been prior physical therapy and self-discontinuation of a gym program due to concerns of being monitored.

IMR ISSUES, DECISIONS AND RATIONALES

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

ADDITIONAL MASSAGE THERAPY QTY 12: 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, PHYSICAL MEDICINE, EXERCISE,

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 request for twelve (12) sessions of massage therapy is irrelevant from what the guidelines recommended (4-6) sessions. After a (4-6) session trial, the MTUS guidelines do leave room for additional massage if there are significant well-documented objective benefits, but a limited number are recommended initially. The vastness of the request has led to the conclusion that it is not medically necessary.