

Case Number:	CM14-0007354		
Date Assigned:	02/10/2014	Date of Injury:	09/08/2012
Decision Date:	06/27/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/21/2014

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 Orthopedic Surgery and is licensed to practice in Mississippi and Texas. 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 claimant is a 42-year-old female who was injured on September 8, 2012. The claimant is diagnosed as being status post crush injury to the right foot with complex regional pain syndrome and dramatic neuroma to 3rd web space of the right foot. The claimant is documented as having muscle tightness as evidenced by the biofeedback provider. The claimant is also documented as ambulating with an antalgic gait. Utilization review in question was rendered on December 23, 2013. The reviewer non-certified the request for 6 sessions of massage therapy for the right lower extremity/foot. The reviewer indicates that concurrent request for physical therapy has been placed.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 SESSIONS OF MASSAGE THERAPY FOR THE RIGHT LOWER EXTREMITY:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MASSAGE THERAPY.

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

Decision rationale: The California MTUS supports the use of massage therapy and indicates it should be used as an adjunct treatment other therapy such as exercise should be limited to 4-6 visits. Based on the clinical documentation provided, a concurrent request for physical therapy has been given. As such, the California MTUS criteria are met and the request is considered medically necessary.