

Case Number:	CM14-0102787		
Date Assigned:	10/08/2014	Date of Injury:	03/02/2010
Decision Date:	12/17/2014	UR Denial Date:	05/30/2014
Priority:	Standard	Application Received:	07/03/2014

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 Pain Medicine and Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 has a history of a work injury occurring on 03/08/10 when he fell out of his truck striking his head and landing on his elbows. Treatments included physical therapy, acupuncture, chiropractic care, and a left shoulder injection. He was seen by the requesting provider on 05/13/14. He was having intermittent back pain rated at 5-7/10 interfering with sleep and increased with movement. He was having left shoulder pain. Medications included Lisinopril, Lovastatin, and Omeprazole. There was increased muscle tone and tenderness. The assessment includes a diagnosis of cervicgia. Flexeril was prescribed and authorization for massage and physical therapy was requested. He was to continue taking Advil.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the cervical spine - 6 visits: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy; Physical Medicine.

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

Decision rationale: The claimant is more than 5 years status post work-related injury and continues to be treated for neck, back, and shoulder pain. When seen by the requesting provider, authorization for massage and physical therapy was requested. Guidelines recommend acupuncture as an option and as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, physical therapy has also been requested. The requested number of treatments is within guideline recommendations and therefore was medically necessary.