

Case Number:	CM14-0108860		
Date Assigned:	08/01/2014	Date of Injury:	09/22/2006
Decision Date:	09/09/2014	UR Denial Date:	07/08/2014
Priority:	Standard	Application Received:	07/14/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 65-year-old individual was reportedly injured on 9/22/2006. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated 6/24/2014, indicated that there were ongoing complaints of low back and left buttock pain. The physical examination demonstrated the patient having an antalgic gait on the left and using a single point cane. There were positive guarding and spasm in the left gluteus muscle and positive tenderness of the left greater trochanter. No recent diagnostic studies are available for review. Previous treatment included therapy, chiropractic care, medication, and conservative treatment. A request had been made for massage therapy #6 sessions and was not certified in the pre-authorization process on 7/8/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial/active release techniques times six sessions.: Upheld

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: CA MTUS guidelines recommend it as an option as indicated below. This treatment should be 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 followup. 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. After reviewing the medical records provided, it is noted that the patient is having acute flareup with pain and spasm in the left gluteus medius muscle. The note does not state how long this has been present for, and what treatment modalities have been tried. Massage therapy has been requested. No other adjunct therapy is included in the planning treatment. Therefore, this request is deemed not medically necessary.