MAXIMUS Federal Services

Case Number:	CM14-0013261		
Date Assigned:	02/26/2014	Date of Injury:	08/20/2010
Decision Date:	06/30/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	02/03/2014

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, and is licensed to practice in Illinois. 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 injured worker is a 22-year-old female who reported an injury on 9/20/10. The mechanism of injury was boxes falling on the injured worker's head. Per the progress note dated 12/2/13, the injured worker reported doing well. The injured worker noted that symptoms increased if she was too active and during cold weather. The injured worker continued to report muscle spasms and some occasional swelling of the right shoulder. On physical exam, the patient was noted to be sitting comfortably. There was no difficulty or evidence of pain. The injured worker was noted to have completed a functional restoration program in March 2013. At the end of the functional rehabilitation program, the injured worker was reported to have a decreased range of motion to the right upper extremity at 130 degrees flexion; in addition, the injured worker was given a comprehension home exercise program. The injured worker was noted to be utilizing Zanaflex 2 mg as needed. Diagnoses included neck pain and cervicobrachial syndrome. The request for authorization for medical treatment for 12 massage therapy sessions was dated 1/14/14. The provider's rationale for the massage therapy sessions was to reduce muscle tension so the injured worker could continue her home exercise program and to decrease oral medication use. There was a lack of documentation regarding previous treatments such as physical therapy, except for the functional rehabilitation program and medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) MASSAGE THERAPY SESSIONS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Per the California MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an option used as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects are registered only during treatment. Massage is a passive intervention, and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or that treatments such as these do not address the underlying causes of pain. There was a lack of documentation regarding other treatment modalities the injured worker has undergone, except for a functional rehabilitation program. The documentation stated that the injured worker was utilizing a home exercise program and using techniques learned throught the functional rehabilitation program. The documentation indicated the injured worker was currently using zanaflex as needed for muscle spasms. The documentation indicated the injured worker felt she was doing well and was aware of daily activities that exacerbate her symptoms. There was a lack of documentation regarding any previous massage therapy sessions the injured worker had attended and the efficacy of those sessions. In addition, the request did not specify the location for massage. As such, the request is not medically necessary.