

Case Number:	CM14-0016522		
Date Assigned:	04/11/2014	Date of Injury:	12/05/2005
Decision Date:	08/13/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/10/2014

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker woke up with symptoms of weakness in the feet and hands on December 5, 2005 ultimately determined to be as a consequence of Guillain-Barre' syndrome after becoming sick with Campylobacter which he attributes to contamination of chicken that he ate at a Chinese restaurant previous to that. He has persistent residual weakness mostly in his distal muscles in both the upper and lower extremities and has difficulty with fine motor skills and walking. He has also been diagnosed with rotator cuff tendinitis bilaterally, status post finger extensor release, chronic pain syndrome, depression and anxiety, and altered gait. His treatment since at least August of 2013 has consisted of physical therapy, gym membership, swimming, massage therapy, psychotherapy, and orthotic. Massage therapy has helped to relieve the constant muscle tightness and spasms in his body and upper and lower limbs.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 9792.20-9792.26 Page(s): 60.

Decision rationale: Massage therapy is beneficial in alleviating diffuse musculoskeletal symptoms and in this worker's case has given him some relief in muscle tightness and spasm. However massage therapy should be limited to 4-6 visits in most cases and treatment dependence should be avoided. There is a lack of evidence for long-term benefits and studies suggest the beneficial effects are noticed only during massage therapy. Therefore, while short-term massage therapy may be medically necessary, current evidence does not support the medical necessity of massage therapy long-term.