

Case Number:	CM14-0111351		
Date Assigned:	08/01/2014	Date of Injury:	12/24/2008
Decision Date:	10/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/16/2014

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. 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 56-year-old gentleman was reportedly injured on December 24, 2008. The most recent progress note, dated July 3, 2014, indicates that there are ongoing complaints of knee pain. The physical examination demonstrated tenderness at the medial joint line of the right knee. Range of motion was from -10 to 120. The knee was stated to be ligamentous lee stable. Diagnostic imaging studies of the right knee revealed arthritic changes. Previous treatment includes a left knee arthroscopy any subsequent total knee arthroplasty. A request had been made for six visits of massage therapy for the lower back and was not certified in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY X 6 TO LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (Effective July 18, 2009) Page(s): 60 of 127.

Decision rationale: The injured employee's most recent orthopedic progress note dated July 3, 2014, as well as a note dated June 26, 2014, and a note prior dated May 29, 2014, did not contain

any complaints of low back pain. Considering this, it is unclear why there is request for massage therapy for the lumbar spine. Furthermore the California Chronic Pain Medical Treatment Guidelines indicates that massage therapy should be an adjunct to other treatment and in and of itself does not address the underlying cause of pain. These reasons, this request for six visits of massage therapy for the low back is not medically necessary.