

Case Number:	CM14-0131026		
Date Assigned:	09/19/2014	Date of Injury:	11/20/2013
Decision Date:	10/17/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/15/2014

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 & Rehabilitation, and is licensed to practice in California. 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 50 year old patient had a date of injury on 11/20/2013. The mechanism of injury was standing on hot tub and fell, hyperextending her knee with immediate swelling. In a progress noted dated 7/22/2014, the patient complains of increasing pain to right shoulder back, and knee pain. She is having trouble driving with respect to the right shoulder. She is taking Flexeril for muscle spasms. On a physical exam dated 7/22/2014, she has tightness and spasms of upper trapezius, levator, cervical paravertebral, and upper medial scapular border on the right. The diagnostic impression shows right shoulder sprain, probable internal derangement and cervical sprain with left knee buckling accident. Treatment to date: medication therapy, behavioral modification, physical therapy, steroid injections. A UR decision dated 8/13/2014 denied the request for massage therapy 1-2 times/week for 6 weeks, stating that no documentation of medical necessity consistent with guidelines, which support 4-6 treatments, and that this patient has had massage treatment previously.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 1-2 times a week for 6 weeks for cervical, lumbar, left knee, And Right Shoulder: 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 Page(s): 60.

Decision rationale: CA MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In the 7/22/2014 progress report, it was noted that the massage is requested to reduce muscle spasms of the upper back, neck, shoulder, left knee, and proximal right knee and distal quadriceps that still feels knotted up and balled up. The plan is to utilize this to reduce her opiate therapy for pain control. However, there was no clear rationale provided regarding the medical necessity of 6-12 total treatments, when guidelines recommend an initial trial of 4-6. Furthermore, in the documentation provided, there were no evidence of objective functional benefits from previous massage therapy sessions. Therefore, the request for Massage therapy 1-2 times a week for 6 weeks for cervical, lumbar, left knee, And Right Shoulder is not medically necessary.