

<b>Case Number:</b>	CM14-0152758		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	02/24/2008
<b>Decision Date:</b>	12/15/2014	<b>UR Denial Date:</b>	08/28/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2014

### 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, has a subspecialty in Pain Medicine 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 is a patient of the date of injury of February 24, 2008. A utilization review determination dated August 28, 2014 recommends non-certification of massage therapy. A progress report dated August 11, 2014 identifies subjective complaints of left knee pain and right knee pain with right knee swelling. The note indicates that the patient is utilizing acupuncture treatment. Physical examination findings reveal tenderness to palpation over the left medial joint line with crepitus and swelling. Diagnoses include left cervical radiculopathy, left shoulder sprain/strain, left knee pain status post meniscal tear and surgery, and increasing pain, swelling, and clicking. The treatment plan recommends orthopedic surgery consultation, acupuncture, and follow-up with a new left knee orthotic. A progress report dated August 21, 2014 identifies subjective complaints of pain in the neck, left knee, and shoulder. Acupuncture has been controlling the patient's pain particularly in her neck. She has just been authorized to see an orthopedic surgeon for her knee. Physical examination revealed muscle spasm over the upper trapezius and lumbar paraspinals. The treatment plan recommends completing acupuncture today, proceeding with the orthopedic surgeon appointment, and a trial of massage therapy for 4 visits for muscle spasms as the patient has not had any massage therapy in the past. The patient can use very limited medications as she only has one functional kidney. Therefore, she has responded well to nonpharmacologic treatment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy times 4 sessions:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy

**Decision rationale:** Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, the requesting physician has documented significant subjective complaints and objective findings supporting her diagnoses. Additionally, it is acknowledged that the patient has limited pharmacologic options due to only having one kidney. The current massage therapy is being requested as an adjunct to ongoing acupuncture and a home exercise program. There is no indication that the patient has undergone massage therapy previously. As such, a 4-visit trial of massage therapy is medically necessary.