

<b>Case Number:</b>	CM14-0158643		
<b>Date Assigned:</b>	10/02/2014	<b>Date of Injury:</b>	02/01/2007
<b>Decision Date:</b>	11/12/2014	<b>UR Denial Date:</b>	08/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/26/2014

### 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:

The underlying date of injury in this case is 2/1/2007. The date of the Utilization Review under Appeal is 8/29/2014. A prior Utilization Review concluded that there was no documentation why the patient needs supervised exercise therapy rather than independent home exercise and that there was no objective documentation of functional improvement from prior massage therapy. The treating provider submitted a Utilization Review appeal on 9/5/2014. The treating provider states that regarding physical therapy, the patient is not yet self-sufficient to continue a fully independent home exercise program and that the patient continues reporting weakness in her upper extremities and on examination has 2/5 grip strength bilaterally. Regarding massage, the provider notes that the patient only completed 4 massage therapy sessions and those were not an adequate amount to properly treat and assess for benefit. The patient reported that 4 sessions were not enough to make a significant benefit, though the patient feels that with additional sessions there would be a reduction for more tolerable and functional level. A prior treating physician note of 7/25/2014 discussed under physical examination that the patient had normal muscle tone without atrophy in all limbs. A prior physical examination during the time of a functional restoration program on 11/13/2013 does not note any specific neurological deficits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional Physical Therapy, 6 sessions, upper extremities QTY: 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Physical Medicine Treatment and Physical/Occupational Therapy

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 99.

**Decision rationale:** The California Medical Treatment Utilization Schedule (MTUS), 2009, Chronic Pain Medical Treatment Guidelines, section on Physical Medicine, pages 99 recommends transition to an independent home rehabilitation program. An appeal by the treating provider states that this patient has 2/5 grip strength and has not yet had the opportunity to develop an independent home exercise program. However, multiple physical examinations do not report such extreme neurological deficits in the upper extremities. Moreover, this injury is 7 years old and the patient previously was treated in a functional restoration program in addition to other extensive physical therapy. It is unclear at this time why the patient would not have been instructed in an independent home rehabilitation program after such extensive treatment previously. This request is not medically necessary.

**Additional Massage Therapy, 6 sessions, neck, upper extremities:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back

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

**Decision rationale:** California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on massage therapy states that this treatment is an adjunct to other recommended treatment and should be limited to 4-6 visits in most cases. The rationale in the appeal letter for additional massage therapy sessions appears to be that the patient feels that 4 sessions is not sufficient to obtain functional improvement, even though this is consistent with the treatment guidelines. The records do not provide another alternate rationale to explain why additional massage would be needed, which would bring the total to 10 visits, or essentially twice the number of visits recommended by the guidelines. Moreover, the guidelines emphasize that massage is a passive intervention and treatment dependence should be avoided. It is unclear why massage would be indicated for a patient with a chronic injury which is 7 years old after the patient had previously completed a functional restoration program which included substantial physical medicine treatment. For these reasons this request for additional massage therapy is not supported by the treatment guidelines. This request is not medically necessary.