

<b>Case Number:</b>	CM14-0167362		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	02/26/2007
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/10/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 claimant is a 49 year old male who sustained a work injury on 2-26-07. Office visit on 8-11-14 notes the claimant has pain to the neck, back, left knee and shoulders. The claimant rated his pain as 4/10 at best and 9/10 at worst. The pain is decreased with massage, rest and medications. On exam, the claimant had decreased range of motion of the cervical spine, tenderness with muscle spasms at the lumbar spine. The claimant had crepitation on the left knee. He lacked full extension. The claimant as provided a refill for medications, recommendations of physical therapy and massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 1 x week x 6 weeks, back, neck, shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** MTUS notes that massage is recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results.

Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. Medical Records reflect this claimant has been provided with massage therapy in the past. It is noted to have provided improvement, but quantification and duration of improvement not documented. Additionally, current guidelines reflect that there is lack of long term benefits. Therefore, the medical necessity of this request is not established.