

<b>Case Number:</b>	CM14-0175920		
<b>Date Assigned:</b>	10/29/2014	<b>Date of Injury:</b>	02/26/1999
<b>Decision Date:</b>	12/05/2014	<b>UR Denial Date:</b>	10/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2014

### 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 Occupational 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 65-year-old female with a 2/26/99 date of injury to her knees after falling down the stairs. She had a left total knee replacement in 2009 as well as gastric bypass to reduce the strain on her knees. A progress note dated 9/23/14 stated the patient has lost more than 200 pounds but has had recurrent cellulitis in the lower extremities and may have a deep venous thrombosis causing her bilateral leg edema. A request for 12 massage therapy sessions was made and then modified to 6 visits as a trial to provide some relief with the patient's edema. She was seen on 10/9/14 with complaints of difficulty with ambulation and edema of the lower extremities. Exam findings revealed pitting edema in the lower legs bilaterally. Her diagnosis is bilateral joint pain. Treatment to date: trigger point injections, medications, knee steroid injections, sacral injections. The UR decision dated 10/21/14 denied the request, as the guidelines do not recommend manual lymphatic drainage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **6 Massage Therapy Sessions Bilateral Lower Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 13 Knee Complaints.

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

**Decision rationale:** The 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. This patient has chronic bilateral pitting edema in the legs which can be caused by a multitude of factors, including congestive heart failure, liver or kidney failure, deep venous thrombosis, and chronic cellulitis. The documentation provided does not provide an accurate work up for this patient's chronic leg edema. In addition a prior request for 12 massage therapy sessions modified to 6 sessions and there is a lack of documentation that it has provided significant relief. Therefore, the request for 6 massage sessions to the bilateral lower extremities was not medically necessary.