

Case Number:	CM14-0183295		
Date Assigned:	11/10/2014	Date of Injury:	01/02/1999
Decision Date:	12/17/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/04/2014

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:

Patient is a 58 year-old male with date of injury 01/02/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 08/14/2014, lists subjective complaints as pain in the neck, right shoulder, arm, low back, and right knee pain. Objective findings: Examination of the cervical spine revealed tenderness to palpation and restricted range of motion due to pain. Trigger points in the cervical spine musculature bilaterally. There was limited range of motion of the right shoulder due to pain and significant tenderness to palpation over the shoulder joint and supraspinatus. Trigger points were noted in the right shoulder girdle musculature. Tenderness was noted over both knee joints, significant on the right, with degenerative changes and deformity. Patient has increased pain with flexion and extension. Upper and lower extremity sensory examinations were both within normal limits. Diagnosis: 1. Thoracic and lumbar radiculitis 2. Degenerative disc disease, lumbar 3. Brachial neuritis or radiculitis 4. Cervical disc disease 5. Cervicalgia 6. Pain in joint, shoulder region 7. Pain in joint, lower leg 8. Myalgia and myositis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2 times a week for 6 weeks: Upheld

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

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

Decision rationale: According to the MTUS, massage therapy can be recommended as an option when limited to 4-6 visits and as an adjunct to other recommended treatments, specifically, an exercise regimen. The benefits of massage therapy at her only during treatment and treatment tendons should be avoided. The short-term benefits of massage therapy or likely due to the fact that massage does not address the underlying causes of pain. There is no documentation that the patient is participating in an exercise program as required by the MTUS. Massage therapy 2 times a week for 6 weeks is not medically necessary.