

Case Number:	CM14-0025118		
Date Assigned:	06/11/2014	Date of Injury:	08/30/2012
Decision Date:	07/15/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/27/2014

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 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 injured worker is a 37 year old male whose date of injury is 08/30/2012. On this date a tree fell on him while working as a firefighter. He sustained a concussion and spinal cord injury as well as rib fractures and thoracic compression fractures. Visit note dated 07/01/13 indicates a desire to continue additional massage therapy which seems to help temporarily at least. Diagnoses are cervicgia, lumbago, and pain in thoracic spine. Treatment to date also includes acupuncture. Note dated 11/05/13 indicates that medication is ibuprofen. Follow up note dated 12/11/13 indicates that the worker ambulates without assistance. The injured worker does not appear to be in any pain. Note dated 01/22/14 indicates that he went back to work this month performing light duty. The record demonstrates the injured worker wishes to get more massage 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: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE/MYOTHERAPY.

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

Decision rationale: Based on the clinical information provided, the request for six massage therapy sessions is not recommended as medically necessary. The number of massage therapy visits completed to date and the injured worker's objective functional response to prior massage is not documented. Chronic Pain Medical Treatment Guidelines note that this treatment should be an adjunct to other recommended treatment and should be limited to 4-6 visits in most cases. The submitted records fail to establish that massage therapy will be used as an adjunct to other recommended treatment. There is no current, detailed physical examination submitted for review and no specific, time-limited treatment goals are provided. Given the above the request is not medically necessary.