

Case Number:	CM14-0032276		
Date Assigned:	04/09/2014	Date of Injury:	12/29/2011
Decision Date:	06/30/2014	UR Denial Date:	02/06/2014
Priority:	Standard	Application Received:	02/07/2014

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, has a subspecialty in Interventional Spine 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 patient is a 52 year old with an injury date on 12/29/11. The exam on 2/5/14 showed "tenderness to palpation over paraspinal muscles overlying facets joints on right side, trigger points noted over upper trapezius muscle on right side, and 2+ muscle spasm over upper trapezius muscle on both sides. Spurling's sign positive to right and Lhermitte's sign positive. Cervical range of motion normal." Patient had right rotator cuff surgery on June 2012 and biceps tenodesis on February 2013 per 9/13/13 report. [REDACTED] is requesting massage therapy 2x week x 8 weeks cervical. The utilization review determination being challenged is dated 2/6/14 and rejects request for massage therapy due to lack of comprehensive assessment of treatment, and no specific time-limited treatment goals. [REDACTED] is the requesting provider, and he provided treatment reports from 2/7/13 to 5/5/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY 2X WEEK X 8WEEKS, CERVICAL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , MASSAGE THERAPY,

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MASSAGE THERAPY, 60

Decision rationale: Regarding massage therapy, MTUS states: "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" In this case, the treating physician has asked for 16 sessions of massage therapy for cervical which exceeds MTUS guidelines. In addition, treating physician has expressed purpose of weaning patient off opiates, which is not supported by medical research for massage therapy. The request is not medically necessary.