

<b>Case Number:</b>	CM14-0040447		
<b>Date Assigned:</b>	06/27/2014	<b>Date of Injury:</b>	09/16/2011
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	04/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/07/2014

### 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 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 45 year-old patient sustained an injury on 9/16/11 while employed by [REDACTED]. Request(s) under consideration include Massage Therapy-2 sessions per month for 12 months. Diagnoses include Lumbar spine sprain/strain; Chronic low back pain; and Bilateral Knee pain. Conservative care has include physical therapy, medications, modified activities/rest. Hand-written brief report of 1/9/14 from the provider noted the patient with bilateral knee pain; MRI showed arthritis. Exam showed obese; painful range of bilateral knee; limps. Diagnoses include degenerative disc disease; chronic lumbar strain. Plan included possible viscosupplement; exercise; adjust activities; no brace; possible partial knee replacement. Hand-written brief report of 2/24/14 from the provider noted the patient with continued chronic low back pain and bilateral knee pain. Exam showed mild tightness; no limp; no weakness. Diagnoses include degenerative disc disease; chronic lumbar strain; and bilateral knee pain. Treatment included massage therapy, exercises, and medications of Relafen, Soma, and Talwin. The patient remained on modified work as before. Request(s) for Massage Therapy-2 sessions per month for 12 months was not medically necessary on 4/1/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy-2 sessions per month for 12 months:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Page(s): 180-181, Chronic Pain Treatment Guidelines Page(s): 60.

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

**Decision rationale:** This 45 year-old patient sustained an injury on 9/16/11 while employed by [REDACTED]. Request(s) under consideration include Massage Therapy-2 sessions per month for 12 months. Diagnoses include Lumbar spine sprain/strain; Chronic low back pain; and Bilateral Knee pain. Conservative care has include physical therapy, medications, modified activities/rest. Hand-written brief report of 1/9/14 from the provider noted the patient with bilateral knee pain; MRI showed arthritis. Exam showed obese; painful range of bilateral knee; limps. Diagnoses include degenerative disc disease; chronic lumbar strain. Plan included possible viscosupplement; exercise; adjust activities; no brace; possible partial knee replacement. Hand-written brief report of 2/24/14 from the provider noted the patient with continued chronic low back pain and bilateral knee pain. Exam showed mild tightness; no limp; no weakness. Diagnoses include degenerative disc disease; chronic lumbar strain; and bilateral knee pain. Treatment included massage therapy, exercises, and medications of Relafen, Soma, and Talwin. The patient remained on modified work as before. Request(s) for Massage Therapy-2 sessions per month for 12 months was non-certified on 4/1/14. Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this 2011 injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Massage Therapy-2 sessions per month for 12 months is not medically necessary and appropriate.