MAXIMUS Federal Services

Case Number:	CM14-0055428		
Date Assigned:	07/07/2014	Date of Injury:	09/08/2007
Decision Date:	08/21/2014	UR Denial Date:	04/16/2014
Priority:	Standard	Application Received:	04/24/2014

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:

The applicant is a represented [redacted] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of September 8, 2007. Thus far, the applicant has been treated with analgesic medications; attorney representation; unspecified amounts of physical therapy over the course of the claim; unspecified amounts of acupuncture over the course of the claim; a gym membership; transfer of care to and from various providers in various specialties; multiple knee arthroscopies; and extensive periods of time off of work. In a utilization review report dated April 16, 2014, the claims administrator denied a request for six sessions of massage therapy. The claims administrator wrote that the applicant had had one session of massage therapy over large portions of the claim. The applicant's attorney subsequently appealed. In a March 24, 2014 knee surgery progress note, the applicant presented with a history of progressively worsening knee pain status post earlier unsuccessful knee surgeries. The applicant was given a knee brace and Voltaren gel. The applicant's medication list included Tenormin, Celebrex, Cymbalta, Glucosamine, Norco, Topamax, and Voltaren gel. The applicant was described as a former smoker who is unemployed. In a utilization review appeal letter of March 24, 2014, the attending provider noted that the applicant continued to have chronic pain in multiple body parts. The attending provider stated that the applicant had had massage therapy in the past with reportedly good effect. Additional massage therapy was therefore sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Therapy: Massage Therapy x 6- Neck: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 173-174,Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Physical Medicine Page(s): 60, 98-99.

Decision rationale: As noted on page 60 of the MTUS Chronic Medical Treatment Guidelines, massage therapy is recommended as an adjunct to other recommended therapies, such as exercise and should be limited to 46 visits in most cases. In this case, it appears, based on reports both from the claims administrator and the attending provider, the attending provider has already had prior treatment in excess of this amount. It is further noted that both pages 98 and 99 of the MTUS Chronic Medical Treatment Guidelines emphasize active therapy, active modalities, and self-directed home physical medicine during the chronic pain phase of a claim. Thus, the additional six sessions of massage therapy being sought here runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.