

<b>Case Number:</b>	CM14-0061644		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	10/05/2000
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	05/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/02/2014

### 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 Internal Medicine, and is licensed to practice in Arizona. 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 claimant is a 72-year-old male with a date of injury on 10/05/2000 who was a maintenance technician for the School district. He had a right total knee replacement on July 2004 and a right knee total arthroplasty revision in March 2007, to deal with arthrofibrosis. It was noted that he has severe tricompartmental degenerative arthritis. Effective October 2010, it was deemed his issues were work related. He continues to have pain and stiffness, though he takes non-steroidal anti-inflammatory drugs (NSAIDs) and has benefitted from steroids and acupuncture. He also participates in exercise which was noted April 2006 and June 2014. He apparently has had deep massage and the massage therapist noted a gradual increase in mobility with each session. The number of visits has not been noted, though the he managing physician initially requested six sessions, stating the patient has maintained a range of motion from approximately 5 to 90 degrees. The records do not show that these six sessions were authorized. Later he requested authorization of "another" four sessions over four months to help maintain and possibly further increase his mobility.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional massage therapy 1 time per month for 4 months, right knee:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation Page(s): 58-60. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Agency for Healthcare Research and Quality, Executive Summary Nov. 6, 2012 Physical Therapy Interventions for Knee Pain Secondary To Osteoarthritis AHRQ Publication No. 12 (13)-EHC155-EF.

**Decision rationale:** This Reviewer could easily concur with the prior Review that found massage for the knee to not be medically necessary, by quoting page 58 of the MTUS, Chronic Pain Medical Treatment Guidelines, Manual Therapy and Manipulation, which states that Massage for the knee, is not recommended. Then on page 60 there is a general discussion of massage citing three studies from 2003, 2004 and 2005. Its comments are that massage can be an adjunct to other treatment such as exercise (which this claimant is doing). Further massage should be limited to 4-6 visits in most cases. It was determined that its benefits tended to occur only during treatment. Further it was felt that the benefits were for stress and anxiety reduction, "although research for pain control and management of other symptoms, including pain is promising". Clearly there was ambivalence; thus this review is including the Official Disability Guidelines. It definitively states: Massage for the knee is "recommended as an option for osteoarthritis (OA). Massage therapy seems to be efficacious in the treatment of OA of the knee. Further study of cost effectiveness and duration of treatment effect is clearly warranted. (Perlman, 2006) Recommend massage use in conjunction with exercise, and limiting treatment to 8 visits (similar to physical therapy). (Bennell, 2005) The AHRQ (Agency for Healthcare Research and Quality) Comparative Effectiveness Review of physical therapy for knee arthritis concluded that massage improved disability, joint, gait and composite function measures. (Shamliyan, 2012) This most current study has a Rating 1a. Page 23 of the Shamliyan article in the AHRZ publication summarizes Massage as following: "Evidence from three RCTs with 162 participants contributed to the pooled analyses at the longest time of follow-up. We found low-strength evidence that massage somewhat improved composite function." Clearly I believe there needs to be ongoing research on the use of massage longer term; but, there is evidence of benefit from massage and those eight sessions is warranted. This claimant is in a difficult situation, having had two surgeries on the right knee with the second being necessary to break up adhesions. He clearly has had improvement in his mobility. It is reasonable to grant the once monthly massage for four months as I find it medically necessary to help maintain and possibly improve this patient's mobility.