

Case Number:	CM14-0066947		
Date Assigned:	07/25/2014	Date of Injury:	12/02/2002
Decision Date:	08/28/2014	UR Denial Date:	04/22/2014
Priority:	Standard	Application Received:	05/12/2014

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 & Rehabilitation and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 female who reported an injury on 12/02/2002; the date of birth and mechanism of injury were not provided. The diagnoses were cervicogenic head pain syndrome and cervical spinal stenosis with cervical spondylosis. Prior treatments included surgery, physical therapy, and medications. An MRI dated 02/23/2010 noted a 2 mm left posterolateral L5-S1 disc bulge with slight posterior displacement of the left S1 nerve root and bony degenerative changes at L4-5 and L3-4 with multi foraminal stenosis. A CT scan of the lumbar spine performed on 02/23/2010 revealed borderline spinal canal stenosis at L4-5 with bilateral foraminal narrowing and severe degenerative facet joint changes. Prior surgeries included 3 left shoulder arthroscopies and a subacromial decompression on the left side and repair of the rotator cuff. The injured worker presented with complaints of bilateral shoulder pain. Examination of the right shoulder revealed the range of motion values of 180 degrees of abduction, 180 degrees of flexion, 50 degrees of extension, 90 degrees of external and internal rotation, and 60 degrees of adduction. There was tenderness throughout the entire cervical spine with spasm and guarding beginning around the mid point, with portion of the cervical spine extending to the bilateral cervicobrachial regions, more left-sided than right-sided. There was a positive Tinel's sign bilaterally over the carpal tunnels and a negative Tinel's over the cubital tunnels bilaterally. Prior medications included Valium. The current treatment plan included a lumbar epidural steroid injection, trial of the cervical and lumbar facet block, and consideration of a treatment with a corticosteroid injection, bracing, and hand therapy. The provider recommended physical/massage therapy. The provider's rationale was not provided. The Request for Authorization was dated 03/27/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical/Massage Therapy 3x4 (12): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine and Massage therapy.

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

Decision rationale: The request for Physical/Massage Therapy 3x4 (12) is not medically necessary. The California MTUS state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires an internal effort with the individual to complete a specific exercise or task. Injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The guidelines recommend up to 10 visits of physical therapy for up to 4 weeks. The California MTUS further states that massage therapy is recommended as an option for treatment and could be used as an adjunct to other recommended treatment, including exercise, and should be limited to 4 visits to 6 visits in most cases. Furthermore, many studies lack long-term follow-up. Massage is a passive intervention and treatment dependence should be avoided, There was a lack of documentation indicating the injured worker's prior course of physical therapy, as well as the efficacy of the prior therapy. Additionally, injured workers are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels, and there are no significant barriers to transitioning the injured worker to an independent home exercise program. The provider's request for 12 sessions of physical and massage therapy exceed the guideline recommendations. The provider's request does not indicate the site that the physical therapy and the massage were intended for in the request as submitted. As such, the request is not medically necessary.