

<b>Case Number:</b>	CM14-0077138		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	11/01/2004
<b>Decision Date:</b>	08/26/2014	<b>UR Denial Date:</b>	05/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/27/2014

### 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:

The injured worker is a 62-year-old female who reported injury on 11/01/2004. The mechanism of injury was not provided. The injured worker's medical history included surgical intervention of a knee arthroscopy. The diagnostic studies were not provided. The medication history included a Medrol Dosepak, Naprosyn 500 mg, and Darvocet-N 100. The date of service of 12/09/2013 revealed a complaint of neck pain. The injured worker indicated that treatment has helped in the past with over 50% reduction in pain with massage therapy and the injured worker was having a flare up which was not improving with home stretching and superficial heat. The physical examination of the cervical spine was not provided. The inspection of the neck upon palpation revealed the neck was supple. There was a DWC Form RFA dated 01/22/2014 was a request for massage therapy times 12 for the diagnoses of spinal enthesopathy, a sprain in the neck, and cervical spondylosis.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy times 12:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

**Decision rationale:** The California MTUS guidelines indicate that this treatment should be an adjunct to other therapy and should be limited to 4 to 6 visits. The clinical documentation submitted for review indicated the injured worker had 50% benefits with massage therapy; however, there was a lack of documentation of objective functional benefit. The request as submitted failed to indicate the body part to be treated. Given the above, the request for massage therapy 12 times is not medically necessary. Additionally, there was a lack of documentation indicating the quantity of sessions that had previously been participated in.