

Case Number:	CM14-0088259		
Date Assigned:	07/23/2014	Date of Injury:	08/15/2011
Decision Date:	09/09/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/12/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 58 year old female whose date of injury is 08/15/2011. The mechanism of injury is described as bending over. The treatment to date includes physical therapy, arthroscopy surgery in January 2012, Synvisc injections and medication management. A note dated 01/08/14 indicates that assessment is status post right knee surgery, right knee sprain, depression, oblique tear of the posterior horn of the medial meniscus (right knee), sprain of the anterior cruciate ligament, lumbar strain, and lumbar radiculitis. A note dated 04/09/14 indicates that the injured worker has been authorized for chiropractic treatment. Another note dated 05/07/14 indicates that the injured worker has been recommended for massage therapy and note dated 06/18/14 indicates that the injured worker complains of right knee pain. Sensation is intact. Deep tendon reflexes are 1+ throughout.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep tissue massage QTY 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 67.

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

Decision rationale: Based on the clinical information provided, the request for deep tissue massage, quantity six, is not recommended as medically necessary. There are no specific, time-limited treatment goals provided. There is no indication that the injured worker has undergone any recent active treatment, and it is unclear why this passive modality is being requested at this point, over three years post date of injury. The body part to be treated is not documented. Therefore, the request is not in accordance with California Medical Treatment Utilization Schedule guidelines, and medical necessity is not established.