

Case Number:	CM14-0139996		
Date Assigned:	09/08/2014	Date of Injury:	05/18/2010
Decision Date:	09/22/2015	UR Denial Date:	07/28/2014
Priority:	Standard	Application Received:	08/28/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: California, North Carolina
 Certification(s)/Specialty: Family Practice

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 43 year old female who sustained an industrial injury on May 18, 2010. The accident was described as while working she fell while climbing stairs and with resulting injury. A pain management follow up dated December 31, 2103 reported current medications were: Butrans patch, Ketamine 5% cream, Mirtazapine, Protonix, and Wellbutrin. The following treating diagnoses were applied: sciatica; strain and sprain lumbar region; strain and sprain of neck; pain in joint shoulder; and carpal tunnel syndrome. She is currently deemed as permanent and stationary. There is note of massage therapy being authorized and she is to complete this therapy and follow up in 4 weeks. On February 24, 2015 at follow up the plan of care noted still pending scheduling mass therapy appointments. She wishes to continue with conservative treatment as she is attending college to better and or change her career status. She states the need for anew walker or servicing of the existing one. The supporting documentation noted in February 2014 an extension for therapy sessions is requested as there have not been any sessions scheduled to date and there were 12 approved, therefore, additional time is required to allot this course of therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 12 Sessions: Upheld

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 Massage therapy Page(s): 60.

Decision rationale: CA MTUS Guidelines state that massage therapy is an option and should be used as an adjunct to other recommended treatments (exercise), and it should be limited to 4-6 visits in most cases. While massage has a role in short courses of treatment, continued use is not generally supported. It is a passive modality which should be used with caution due to dependence. Studies fail to demonstrate long-term benefits. In this case, the patient has had previous massage therapy in excess of the recommended 4-6 sessions. Additional sessions cannot be supported according to guidelines and the request is therefore not medically necessary or appropriate.