

Case Number:	CM14-0182793		
Date Assigned:	11/25/2014	Date of Injury:	04/23/1997
Decision Date:	01/09/2015	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/04/2014

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 Occupational Medicine 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:

Injured worker (IW) sustained industrial injuries to multiple body areas on multiple dates, from 1997 to 2009. Per AME reports, IW sustained injuries to the cervical spine and shoulder, as well as the left hand/thumb and low back. Other diagnoses include bilateral hip problems, chronic left ankle sprain, adjustment disorder with depressed mood, bilateral sensorineural hearing loss, and right temporomandibular joint (TMJ) dysfunction. Documented treatment to date has included surgery, medications, physical therapy, acupuncture, and an unknown amount of massage therapy. A recent flare of musculoskeletal symptoms is documented. 09/24/14 office note stated that acupuncture provided no relief. Claimant reported that massage therapy had helped him previously. RFA is for massage therapy (amount, frequency, and duration unspecified) for the right shoulder, fingers, left ankle, and hips.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the right shoulder, hips, fingers, and left ankle: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60 OF 127.

Decision rationale: MTUS recommends optional use of massage as an adjunct to other recommended treatments such as exercise. MTUS recommends that massage therapy be limited to 4-6 visits with most cases, and states that treatment dependence should be avoided. Because the amount or duration of massage therapy is not specified in the request as written, medical necessity is not established for this request per MTUS recommendations.