

Case Number:	CM14-0196429		
Date Assigned:	12/03/2014	Date of Injury:	09/15/1997
Decision Date:	01/16/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	11/21/2014

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:

This is a 62-year-old male with a 9/15/97 date of injury. A progress report dated 11/18/14 was submitted for review. There was no documentation of subjective complaints or objective findings. There was no documentation of the treatment he has received to date. Diagnostic impression: neck pain, headaches, thoracic pain, bilateral shoulder pain. A UR decision on 11/10/14 denied the request for 24 massage therapy sessions for the left shoulder. There is no documentation that this modality has been or would be effective for a chronic case with a date of injury of 1997.

IMR ISSUES, DECISIONS AND RATIONALES

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

24 Massage therapy sessions for the left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: CA MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. However, in the present case, there were no subjective complaints or objective findings in the

medical records submitted for review. There was no documentation as to why this patient requires this treatment modality. In addition, this request is for 24 massage therapy sessions, exceeding the maximum number of sessions, 4 to 6, recommended by guidelines. Therefore, the request for 24 Massage therapy sessions for the left shoulder is not medically necessary.