

<b>Case Number:</b>	CM14-0203919		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	02/02/2006
<b>Decision Date:</b>	02/03/2015	<b>UR Denial Date:</b>	11/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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 Family Practice 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 69 year old male sustained a cumulative trauma industrial related injury between 02/25/1988 and 02/02/2006 of unknown mechanism. The results of the injury included malignant stage III tumor at the base of the tongue. Current diagnoses include metastatic cancer of the tongue (status post radical surgery), percutaneous gastrostomy for feeding, depression, and easy aspiration. Treatment to date has included a radical neck dissection (02/02/2006), post-operative chemotherapy and radiation, physical therapy, home stretching exercises, osteopathic manipulation, gastric feeding tube placement (2010), and medications. Diagnostic testing was not discussed in the clinical notes. There was not rationale provided by the treating physician for the requested massage therapy. Treatments in place around the time the massage therapy was requested included medications. There was no physical evaluation included in the progress report (dated 11/12/2014), and no noted pain or stiffness mentioned; therefore, it was not clear if the injured worker was experiencing changes in symptoms. Functional deficits and activities of daily living were not discussed. The injured worker was unable to work per this report. Dependency on medical care was unchanged. On 11/12/2014, Utilization Review non-certified a prescription for massage therapy for manual lymphatic drainage of the right side of the neck, cervical and right shoulder 2 times/week for six weeks (12) to start with which was requested on 11/04/2014. The massage therapy for manual lymphatic drainage of the right side of the neck, cervical and right shoulder 2 times/week for six weeks (12) to start with was non-certified based on previous massage therapy and the absence of recorded additional/further lymphedema of the head, right neck, or right shoulder. The MTUS Chronic Pain guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of massage therapy for manual lymphatic drainage of the right side of the neck, cervical and right shoulder 2 times/week

for six weeks (12) to start with. On 11/12/2014, Utilization Review approved a prescription for Prilosec through NGT liquid form which was requested on 11/04/2014. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the approval of Prilosec through NGT liquid form. Since this service was approved/certified, it will not be addressed during this review.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Massage Therapy 2 x week x 6 weeks (12): 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:** According to the guidelines, massage therapy is an option. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. The amount requested exceeds the amount suggested in the guidelines. There is no specified need for 12 sessions and therefore the request is not medically necessary.