MAXIMUS Federal Services

Case Number:	CM14-0206994		
Date Assigned:	12/19/2014	Date of Injury:	03/31/2011
Decision Date:	02/12/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/10/2014

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, has a subspecialty in Pain 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:

This is a patient with a date of injury of March 31, 2011. A utilization review determination dated December 3, 2014 recommends modification of massage therapy. 6 sessions were requested and 3 were recommended for certification. Modified certification was recommended due to lack of documentation of objective functional improvement from previous massage therapy sessions. A progress report dated November 24, 2014 identifies subjective complaints of chronic neck pain, right shoulder pain, and arm pain. The patient underwent physical therapy which helped in reducing neck pain and headaches. Objective examination findings revealed tenderness around the right shoulder girdle with hyperalgesia, pain with cervical spine range of motion testing, and decreased sensation and strength in the right upper extremity. Diagnoses include displaced cervical intervertebral disc, brachial neuritis, and shoulder bursa/tendon disorder. The treatment plan states that the patient is at Maximum Medical Improvement at this time. The note goes on to state "as he does find massage therapy reduces some pain symptoms, and reduces his use of narcotic medications, I will request an additional 6 visits of massage therapy to see if it can be approved."

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of massage therapy: Upheld

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

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

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. Furthermore, there is no documentation of objective functional improvement from the therapy sessions already authorized. Additionally, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.