MAXIMUS Federal Services

Case Number:	CM15-0001368		
Date Assigned:	01/12/2015	Date of Injury:	10/19/2009
Decision Date:	03/13/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/05/2015

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
Certification(s)/Specialty: Emergency Medicine

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 71 year old male sustained a work related injury on 10/19/2009. The most recent report submitted for review was dated 06/05/2013. The injured worker reported that he was seeing a chiropractor for exacerbation of his lower back pain with alleviation of much of his pain. Diagnoses included chronic neck pain resolving, cervical spine degenerative disc disease, chronic low back pain resolving, lumbar spine degenerative disc disease and left knee osteoarthritis. Treatment plan included chiropractic care and home exercise program. The injured worker was retired.On 12/29/2014, Utilization Review non-certified 12 Massage Therapy Sessions. According to the Utilization Review physician, the injured worker reported to have completed 12 sessions of massage therapy. Although the injured worker reported tremendous relief with prior massage therapy, the guidelines recommend 4-6 sessions in most cases. Taking into consideration the apparent re-aggravation of the shoulder injury and recommendation for certification for an MRI earlier in the review, it did not appear reasonable or warranted to continue massage therapy. Guidelines cited for this review included CA MTUS ACOEM Guidelines Chapter 9 Shoulder Complaints page 208-209. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Massage Therapy Sessions (Through [redacted]): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 208-9,Chronic Pain Treatment Guidelines.

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

Decision rationale: As per MTUS Chronic pain guidelines, massage therapy may be effective in chronic pain but should be used with other therapies such as exercise. Current guidelines only recommend 4-6visits. The authorization request claims that the therapy has had relief from sessions but patient has exceeded the number of sessions recommended by MTUS guidelines and the number of requested sessions on this request also exceed recommendations. The requested 12session of Massage therapy is not medically necessary.