

<b>Case Number:</b>	CM15-0109772		
<b>Date Assigned:</b>	06/16/2015	<b>Date of Injury:</b>	07/02/1998
<b>Decision Date:</b>	07/15/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/08/2015

### 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: Physical Medicine & Rehabilitation

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 75-year-old male, who sustained an industrial injury on 7/2/1998. He reported pain to the neck, low back, bilateral shoulders, and right knee. The injured worker was diagnosed as having cervical intervertebral disc degeneration, rotator cuff sprain, and lower leg osteoarthritis. Treatment to date has included medications, and massage therapy. The request is for massage therapy. On 4/23/2015, he was seen for follow up of pain to the bilateral shoulders, neck, low back, and right knee. He reported feeling the same since his previous visit. He rated his pain as 4/10. Physical findings revealed no changes in symptoms. He had indicated that massage therapy had been helpful significantly in the past. The treatment plan included Ketoprofen and massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**12 Massage Therapy Visits: 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.

**Decision rationale:** Massage therapy is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has remained functionally unchanged. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The 12 Massage Therapy Visits is not medically necessary.