

Case Number:	CM15-0132323		
Date Assigned:	07/20/2015	Date of Injury:	03/09/2008
Decision Date:	08/17/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/08/2015

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, Pain Management

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 48-year-old female who sustained an industrial injury on 3/9/2008 resulting in left above-knee amputation, and neck and low back pain. She was diagnosed with post status left above-knee amputation with severe trauma; and, lumbar and cervical pain secondary to muscle imbalances. Documented treatment has included prosthesis; physical therapy; right shoe insert; home and gym exercise which she states is helping her improve strength and balance; and, medication which helps with pain management. The injured worker continues to report cervical and lumbar muscle pain. The treating physician's plan of care includes six myofascial therapy sessions for the lumbar and cervical spine. Current work status is not documented. A progress report dated June 3, 2015 states that the patient has been going for deep tissue myofascial therapy which has been controlling her neck and low back pain. The note recommends additional myofascial therapy to allow the patient to continue to work out.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six myofascial therapy sessions, lumbar spine, cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Massage Therapy.

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. 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.