

Case Number:	CM15-0183610		
Date Assigned:	09/24/2015	Date of Injury:	10/18/2010
Decision Date:	10/29/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/18/2015

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 52 year old male with an industrial injury dated 10-18-2010. A review of the medical records indicates that the injured worker is undergoing treatment for osteoarthritis unspecified whether generalized or localized, involving lower leg and osteoarthritis of knee, and chronic degenerative joint disease pain in right knee. In a progress report dated 01-05-2015, the injured worker reported right posterior back pain. Physical exam (01-05-2015) revealed some redness present and no obvious deformity of right posterior ribs. According to the progress note dated 08-07-2015, the injured worker presented for reevaluation. The injured worker reported that he is still getting his massage therapy every 3 weeks. The injured worker is feeling the need for another injection in his right knee. Objective findings (08-07-2015) revealed fifteen pound weight loss since last weight which was in December 2014 and vital signs were stable. Treatment has included massage therapy, prescribed medications, Synvisc injection, and periodic follow up visits. The treatment plan included referral and follow up visit. The treating physician prescribed services for massage therapy every 3 weeks 60 minutes for the back and 30 minutes to the right knee. The utilization review dated 09-08-2015, non-certified the request for massage therapy every 3 weeks 60 minutes for the back and 30 minutes to the right knee.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy every 3 weeks 60 minutes for the back and 30 minutes to the right knee:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Back Chapter, Massage.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: Massage 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 2010 injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has continued to treat for chronic symptoms. A short course may be appropriate during an acute flare-up, red-flag conditions, or progressive deterioration; 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 Massage therapy every 3 weeks 60 minutes for the back and 30 minutes to the right knee is not medically necessary and appropriate.