

Case Number:	CM15-0189453		
Date Assigned:	10/01/2015	Date of Injury:	12/10/2013
Decision Date:	11/19/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/25/2015

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: Pennsylvania, Ohio, 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 63 year old male, who sustained an industrial injury on 12-10-2013. The injured worker is undergoing treatment for: left ankle pain, right knee pain. On 5-13-15, he reported pain and numbness in the left lower leg, ankle and foot down to the toes. He indicated the pain to increase with activity. He also reported the area to be painful to touch and sensitive to cold temperatures, muscle contractions of the right calf, and right knee limited with mobility and pain. Physical examination revealed abnormal gait, decreased right knee range of motion, mild swelling, trace laxity and McMurray's and tenderness of the right knee; left ankle tenderness and decreased range of motion. On 8-6-15, he reported being scheduled for his 4th Supartz injection to the right knee and noting slight change in anterior aching pain and weightbearing tolerance. Examination revealed tenderness, mild valgus alignment, no meniscal findings, negative homan's of the right knee. The left ankle is tender to palpation and has diminished sensation to the foot. On 8-13-15, he reported low back pain and knee flexion contractures. The low back pain is indicated per the provider to be compensatory. There is no documented low back examination. Examination of the right knee and left ankle does not reveal significant changes from previous exam. The provider noted requesting massage therapy to "help enable mobility and address flexion contractures, diminish pain, inflammation and to help enable home exercise program". The treatment and diagnostic testing to date has included: left ankle x-rays (5-13-15), right knee x-rays (5-13-15), right knee and left ankle fracture repair (December 2013), multiple sessions of physical therapy, knee splinting, home exercise program, cold therapy. Medications have included: Percocet, Oxycodone, topical arnica. Current work status: modified. The request

for authorization is for: massage therapy for the low back and right leg, 6 sessions. The UR dated 8-26-15: non-certified the request for massage therapy for the low back and right leg, 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy for the low back and right leg; 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS recommends massage for limited indications up to 6 visits in the acute phase of an injury. This treatment is intended as an adjunct to active treatment and to facilitate early functional restoration. Massage is a passive treatment which is not recommended for ongoing or chronic use. The stated goals for massage of improved mobility and reduced contractures are not issues for which MTUS recommends massage as primary chronic treatment. The request in this case is not consistent with these guidelines; the request is not medically necessary.