

Case Number:	CM15-0193733		
Date Assigned:	10/07/2015	Date of Injury:	09/12/2006
Decision Date:	11/24/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/01/2015

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 59 year old male with an industrial injury dated 09-12-2006. A review of the medical records indicates that the injured worker is undergoing treatment for C5 - 7 spondylosis, foraminal stenosis with left upper extremity radiculopathy. In a progress report dated 05-12-2015, the injured worker complained of ongoing neck and left upper extremity pain. Physical exam (05-12-2015) revealed numbness of the left long and ring fingers and weakness of the left triceps and wrist flexors, finger extensors and intrinsic. The treating physician reported cervical x-rays dated 04-15-2015 revealed C5-7 disc degeneration and foraminal stenosis, to a lesser degree at C3-5. Magnetic Resonance Imaging (MRI) dated 04-13-2015 revealed left C5-7 disc degeneration and foraminal stenosis and was interpreted by radiologist to reveal mild and moderate degenerative changes as described, mildly progressed since prior exam. According to a more recent progress note dated 09-02-2015, the injured worker reported continued complaints of neck and left upper extremity pain. Objective findings (09-02-2015) revealed numbness of the left long and ring fingers and weakness of the left triceps and wrist flexors, finger extensors and intrinsic. Treatment has included diagnostic studies, prescribed medications, unknown number of massage therapy and periodic follow up visits. The treating physician prescribed services for 12 treatments and sessions of massage therapy. The utilization review dated 09-16-2015, non- certified the request for 12 treatments and sessions of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 treatments/sessions of massage therapy: Upheld

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

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 request in this notably chronic case is not consistent with these guidelines; the request is not medically necessary.