

Case Number:	CM15-0194192		
Date Assigned:	10/08/2015	Date of Injury:	11/16/2011
Decision Date:	11/19/2015	UR Denial Date:	09/04/2015
Priority:	Standard	Application Received:	10/02/2015

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:

This 64-year-old female sustained an industrial injury on 11-16-11. Documentation indicated that the injured worker was receiving treatment for cervical spine sprain and strain, bilateral shoulder rotator cuff tendinitis and bursitis, bilateral wrist carpal tunnel syndrome, lumbar sprain and strain with spondylolisthesis and disc bulge and left knee sprain and strain. Previous treatment included epidural steroid injections, physical therapy, aqua therapy, massage and medications. In a PR-2 dated 7-21-15, the injured worker continuing continued intermittent "moderate" low back pain with radiation to bilateral legs. The injured worker had a walking tolerance of 20 minutes. Physical exam was remarkable for cervical spine with tenderness to palpation to the paraspinal musculature and "restricted" range of motion due to complaints of pain, bilateral wrist with diffuse tenderness to palpation, "restricted" range of motion and "decreased" grip strength, lumbar spine with tenderness to palpation to the paraspinal musculature with "restricted" range of motion due to complaints of pain and positive left straight leg raise and left knee with tenderness to palpation at the joint lines with pre-patellar crepitus, positive McMurray's test and "restricted" range of motion. The injured worker had been authorized to undergo massage therapy twice a week for four weeks and was pending scheduling. In a PR-2 dated 8-18-15, the injured worker complained of ongoing intermittent "moderate" low back pain. The injured worker stated that she had been getting pain relief from massage and aqua therapy. The injured worker stated that she got 25% pain relief for one day to one week after her sessions with "increased" range of motion. Physical exam was remarkable for was unchanged. The treatment plan included requesting authorization for additional massage therapy twice a week for four weeks due to patient report of pain relief and increased range of motion from therapy. On 9-4-15, Utilization Review noncertified a request for additional massage therapy two times per week for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy Additional 8 Sessions 2x4: 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: The patient presents with pain in the cervical and lumbar spines, bilateral shoulders and wrists/hands, and pain in the left knee. The request is for MASSAGE THERAPY ADDITIONAL 8 SESSIONS 2x4. Physical examination to the cervical spine on 04/02/15 revealed tenderness to palpation to the paracervical muscles. Examination to the lumbar spine on revealed tenderness to palpation over the paraspinal musculature. Range of motion was noted to be restricted with pain. Patient used a cane for ambulation. Patient's treatments have included ESI's, acupuncture, chiropractic, physical therapy, aquatic and massage therapy with benefits. Per 08/18/15 progress report, patient's diagnosis include cervical spine sprain/strain with radicular components, bilateral shoulder rotator cuff tendinitis/bursitis, bilateral wrist carpal tunnel syndrome, lumbar myoligamentous sprain/strain with radicular components, MRI evidence of 7-8 mm anterior spondylolisthesis of L4-L5 and 3-4mm disc bulge at L5-S1, status post epidural steroidal injection, status post AME of E. H, MD of September 12,2012, and left knee sprain/strain. Patient is retired. MTUS Chronic Pain Medical Treatment Guidelines, Massage Therapy section, page 60 states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. In progress report dated 08/18/15, the treater states that the patient has been getting pain relief from massage and aquatic therapy. The patient reports a 25% pain relief for one day to one week after her sessions, and increased range of motion. Per 07/21/15 progress report, the patient was authorized for 8 sessions of massage therapy. In this case, the requested 8 sessions of massage therapy, in addition to previous sessions would exceed what is allowed by MTUS. Therefore, the request IS NOT medically necessary.