

Case Number:	CM15-0199943		
Date Assigned:	10/15/2015	Date of Injury:	11/24/2010
Decision Date:	12/01/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/12/2015

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, Hawaii

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 54-year-old woman sustained an industrial injury on 11-24-2010. Diagnoses include cervical spine pain, muscle spasms, shoulder pain, and hip pain. Treatment has included oral and topical medications. Physician notes dated 9-9-2015 show complaints of right shoulder and hip pain. There is not current pain rating, but the worker rates her pain 4.5 out of 10 without medications. Physical examination shows restricted range of motion of the cervical spine noted to be flexion 26 degrees, extension 36 degrees, right lateral bending 24 degrees, left lateral bending 30 degrees, lateral rotation to the left 65 degrees and 70 to the right all limited by pain. Cervical paraspinal muscles on the right trapezius have trigger points with radiating pain. Right shoulder has a positive Hawkin's test and empty cans test as well as tenderness in the biceps groove and subdeltoid bursa. The right hip has tenderness to the trochanter with a positive FABER test. The right shoulder flexor and right abductor show 4 out of 5 strength while all other muscles of the bilateral upper extremities show normal strength. Sensation and reflexes are normal. Recommendations include six-month gym membership, additional massage therapy sessions, addition physical therapy, possible intra-articular hip injection if physical therapy fails, and follow up in four weeks. Utilization Review denied a request for massage therapy on 9-23-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy x 6 sessions for the low back: Overturned

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 affecting the low back. The current request is for Massage therapy x 6 sessions for the low back. The treating physician report dated 10/21/15 (13B) states, "Denied: additional 6 sessions massage therapy for the right should(er), low back and right hip pain." The MTUS guidelines page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. The medical reports provided show that the patient has received at least 6 massage therapy visits previously (29B). In this case, the patient has received at least 6 massage therapy sessions to date and therefore the current request of an additional 6 sessions of massage therapy exceeds the 4-6 sessions recommended by the MTUS guidelines. Furthermore, there was no rationale by the physician in the documents provided as to why the patient requires treatment beyond the MTUS guidelines. The current request does not satisfy the MTUS guidelines as outlined on page 60. The current request is medically necessary.