

Case Number:	CM15-0205524		
Date Assigned:	10/22/2015	Date of Injury:	01/28/2010
Decision Date:	12/07/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/20/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric Medicine

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 53 year old male, who sustained an industrial injury on 1-28-10. The injured worker is diagnosed with chronic neck pain, thoracic region sprain-strain, neck sprain-strain, thoracic sprain-strain and lumbar-lumbosacral disc degeneration. His disability status is permanent and stationary with permanent disability. Notes dated 7-17-15 and 9-11-15 reveals the injured worker presented with complaints of left sided neck, low back pain and shoulder girdle pain as well as intermittent left hand soreness in the 4th digit. He experiences increased pain in his arms with overhead activity and neck extension as well as engaging in activities of daily living. Physical examinations dated 7-17-15 and 9-11-15 revealed painful neck range of motion starting at extension at 30 degrees and painful right shoulder range of motion begins at; abduction 90 degrees, forward flexion 90 degrees and extension at 30 degrees. The 9-11-15 note states there is decreased trapezial tone and improved range of motion without pain. Treatment to date has included massage therapy (6 sessions), which provided significant benefit by reducing muscle spasms and shaking in his left upper extremity and reduced his pain from 8 out of 10 to 3 out of 10 per note dated 9-11-15. Left sided trigger point injection provided relief per note dated 9-11-15, medication and physical therapy was helpful. Diagnostic studies include cervical and lumbar spine MRI. A request for authorization dated 9-30-15 for massage therapy 6 sessions is non-certified, per Utilization Review letter dated 10-7-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, 6 sessions: 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: Massage therapy is recommended as an adjunct to other recommended treatment and it should be limited to 4-6 visits in most cases. Furthermore, many studies lack long-term follow-up. Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial. This injured worker has chronic pain and has not had any recent surgery. The medical records do not substantiate the medical necessity of massage therapy.