

Case Number:	CM15-0025177		
Date Assigned:	02/17/2015	Date of Injury:	09/11/2014
Decision Date:	03/27/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	02/10/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 48 year old female, who sustained an industrial injury on 9/11/2014. The current diagnosis is thoracic spine arthralgia. Currently, the injured worker reports slight improvement in her low back condition. She reports pain and weakness in the shoulders, left greater than right. The physical examination of the thoracic spine revealed slight spine tenderness with no spasm. She is not taking medications at this time. Treatment to date has included physical therapy. The treating physician is requesting massage therapy for the thoracic spine once a week times four weeks, which is now under review. On 1/27/2015, Utilization Review had non-certified a request for massage therapy for the thoracic spine once a week times four weeks. The California MTUS Chronic Pain Medical Treatment Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the thoracic spine once a week for 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

Decision rationale: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. In this case, the claimant had received over 12 sessions of ultrasound, manual therapy and e-stim in December 2014. The massage therapy is an option and the manual therapy received from physical therapy overlaps with the modality requested. The 4 sessions of massage therapy is not medically necessary.