

<b>Case Number:</b>	CM15-0211412		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	02/26/2007
<b>Decision Date:</b>	12/15/2015	<b>UR Denial Date:</b>	09/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2015

### 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

Certification(s)/Specialty: Internal Medicine, Hospice & Palliative 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 50 year old male, who sustained an industrial injury on 2-26-2007. A review of the medical records indicates that the injured worker is undergoing treatment for closed head injury with memory impairment, cervical sprain, bilateral extremity radiculopathy, bilateral shoulder internal derangements status post arthroscopy, lumbar sprain with bilateral lower extremity radiation, left knee fracture with probably some evolving post-traumatic arthritis, chronic pain, anxiety-depression, and possible left knee fracture with fall 9-21-2012 and probable internal derangement. On 8-28-2015, the injured worker was reported to have upper back, neck, and low back pain with radiculopathy and posttraumatic arthritis. The Primary Treating Physician's report dated 9-28-2015, noted massage brought the injured worker's pain level from 8 out of 10 to 5 out of 10 and helped him to relax related pain, reduce medication use, and help with sleeping through the night. The injured worker's current medications were noted to include Diazepam, Phenergan, and Hydromorphone. The physical examination was noted to show neck rotation bilaterally at 45 degrees with pain, guarding with shoulders rising, diminished grip and grip strength, guarded elbow flexion and extension, tenderness about the left knee and low back with positive straight leg raise. The treatment plan was noted to include request for massage therapy as the injured worker noted massage and rest had helped with current pain range 5-9 out of 10, and renewal of Diazepam and Hydromorphone. The injured worker's work status was noted to be permanent and stationary. A massage therapy treatment note was noted to be session 6 of 6, dated 7-28-2015, noted the injured worker was showing progress with decreased pain-tension levels and an overall increase in neck rotation. The request

for authorization dated 8-28-2015, requested massage therapy 3x per month over 2 months for a total of 6 sessions over 2 months for the neck, lumbar and left knee. The Utilization Review (UR) dated 9-23-2015, non-certified the request for massage therapy 3x per month over 2 months for a total of 6 sessions over 2 months for the neck, lumbar and left knee.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Massage therapy 3x per month over 2 months for a total of 6 sessions over 2 months for the neck, lumbar and left knee:** 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, Physical Medicine.

**Decision rationale:** The MTUS Guidelines discuss massage therapy as an option along with other recommended treatments, such as exercise, and it should be limited to four to six visits. Massage is a passive intervention and treatment dependence should be avoided. The limited scientific studies available show contradictory results of benefit. The submitted and reviewed records indicated the worker was experiencing unspecified pain. There was no discussion describing special circumstances that sufficiently supported this request. In the absence of such evidence, the current request for six additional sessions of massage done three times monthly for two months for the neck, lumbar spine region, and left knee is not medically necessary.