

Case Number:	CM15-0030544		
Date Assigned:	02/24/2015	Date of Injury:	06/10/2008
Decision Date:	04/23/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/18/2015

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: Preventive Medicine, Occupational 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 76-year-old female with an industrial injury dated June 10, 2008. The injured worker diagnoses include chronic diffuse cervical degenerative changes, cervical disc herniation, bilateral upper extremity radicular pain, right shoulder rotator cuff syndrome and bilateral knee chronic medial compartment osteoarthritis with aggravation secondary to an industrial fall. Comorbid conditions include type II diabetes. She has been treated with diagnostic studies, radiographic imaging, prescribed medications, physical therapy (but not of the neck) and periodic follow up visits. According to the progress note dated 1/15/2015, the injured worker reported neck, right shoulder, bilateral wrist/hands, low back and knee pain. She has a good level of activities of daily living (ADLs). Physical exam revealed decreased range of motion in the cervical spine, cervical tenderness and hypertonicity bilaterally. The cervical compression test was positive. Decreased sensation was noted in C6 and C7 nerve distributions on the right. The treating physician prescribed massage therapy 2 times per week for 6 weeks to cervical Spine and physical therapy 2 times per week for 6 weeks for cervical spine. Utilization Review determination on February 2, 2015 denied the request for massage therapy 2 times per week for 6 weeks to cervical spine and modified the request for physical therapy to 2 times per week for 3 weeks for cervical spine, citing MTUS Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2 times per week for 6 weeks to Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Preface, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173, Chronic Pain Treatment Guidelines Massage therapy: Physical Medicine Page(s): 60, 98-9.

Decision rationale: Massage therapy involves working and acting on the body with pressure either manually or with mechanical aids. Contraindications to massage include deep vein thrombosis, damaged blood vessels, weakened bones from cancer, osteoporosis, or fractures, bruising, fever, bleeding disorders or taking blood thinners such as Warfarin. The science behind the effectiveness of this treatment is contradictory; the best evidence of its beneficial effect is seen as a reduction in stress and anxiety although pain reduction, especially in people with chronic pain, has also been shown in small studies. The therapy is passive and the ACOEM guidelines suggest use of passive therapy modalities only when it gives the patient functional restoration and return to activities of normal daily living. The MTUS recommends use of massage therapy as an optional adjunct to standard medical care, limiting the treatments to 4-6 visits in association with other treatment modalities, such as physical therapy or exercise. This patient already has a good level function as evidence by her documented list of activities of daily living (ADLs). Given this level of ADLs and the chronic nature of her symptoms, the expected benefit from adding a passive therapy is questionable. Furthermore, the MTUS restricts use of this passive modality of therapy to only 4-6 visits, not the 12 visits requested by the provider. Given the above information, medical necessity for use of this therapeutic modality has not been established, and therefore is not medically necessary.

Physical Therapy 2x/wk x 6wks.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Chapter: Neck and Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 5 Cornerstones of Disability Prevention and Management, Chapter 8 Neck and Upper Back Complaints Page(s): Chp 3 pg 48-9, Chp 5 pg 90, Chp 8 pg 174, Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-9.

Decision rationale: Physical therapy can be active or passive. Passive therapy may be effective in the first few weeks after an injury but has not been shown to be effective after the period of the initial injury. Active therapy directed towards specific goals, done both in the Physical Therapist's office and at home is more likely to result in a return to functional activities. However, even with goal directed physical therapy to the neck for neuralgia, neuritis or

radiculitis the resultant benefit should be apparent by the 10 sessions recommended in the MTUS. This patient has had effective physical therapy for her other injuries but not for her neck injury. It is appropriate to give her a 10 session trial of physical therapy, If it is helpful in improving her functioning and/or decreasing her pain then further physical therapy, as per the MTUS, should allow for fading of treatment frequency from 3 visits per week to 1 or less, plus an active self-directed home physical medicine program. However, since the number of sessions requested does not follow the MTUS recommendation, medical necessity for physical therapy twice per week for 6 weeks has not been established, and therefore is not medically necessary.