

Case Number:	CM15-0040600		
Date Assigned:	03/10/2015	Date of Injury:	05/23/2012
Decision Date:	04/13/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/03/2015

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:

This 44 year old female sustained an industrial injury on 5/23/12. She subsequently reported left arm pain. Diagnostic testing included x-rays and an MRI. The injured worker underwent left shoulder surgery. Treatments to date have included acupuncture, massage, physical therapy, TENS therapy, prescription pain medications. The injured worker continues to complain of left neck and shoulder area pain. A request for Massage Therapy 1 x 6 was made by the treating physician. This individual is reported to have aggravated pain with increased activities and has established plans for returning to work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 1 x 6: Overturned

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

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

Decision rationale: MTUS Guidelines allow for a limited number of massage therapy sessions for the management of chronic pain. The Guidelines state that 4-6 sessions are adequate to address most conditions and additional sessions would be justified only under exceptional circumstances. This request is within the Guidelines standards for up to 6 sessions. The Massage therapy 1X6 is supported by Guidelines and is medically necessary.