

Case Number:	CM15-0052563		
Date Assigned:	03/26/2015	Date of Injury:	07/12/2012
Decision Date:	05/11/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/19/2015

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: Physical Medicine & Rehabilitation, Pain Management

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 57 year old female, who sustained an industrial injury on 7/12/2012. She reported cumulative trauma as a result from working as a bus driver. The injured worker was diagnosed as having bilateral knee sprain/strain, bilateral knee degenerative joint disease with internal derangement, and chronic pain syndrome. Treatment to date has included diagnostics, right knee surgery on 2/18/2015, chiropractic and massage, and medications. Currently, the injured worker complains of pain in the bilateral knees, right shoulder and elbow, and neck. Tenderness and decreased range of motion was noted to the lumbar spine. Positive Tinel's sign to the right wrist was noted. Bilateral knee x-rays were referenced. Exam of the bilateral knees was notable for range of motion severely decreased and possible effusion. Current medication regime was not noted. The treatment plan included continued chiropractic and massage, right knee surgery, with left knee surgery to follow. Chiropractic session notes x7 were submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep Tissue Massage for Neck, Upper Back, Right Shoulder and Bilateral Knees (3 times weekly for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

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

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, even though there is evidence the patient has been authorized to have 6 sessions of massage therapy, there is no indication as to the number of massage therapy visits the patient has previously undergone. Furthermore, there is no documentation of objective functional improvement from the therapy sessions already authorized. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.

Chiropractic treatment for Neck, Upper Back, Right Shoulder and Bilateral Knees (3 times weekly for 4 weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: Regarding the request for chiropractic care, Chronic Pain Medical Treatment Guidelines support the use of chiropractic care for the treatment of chronic pain caused by musculoskeletal conditions. In the case of this injured worker, the medical records indicate that the patient has at least 6 sessions of chiropractic therapy approved and received active treatment. However, progress notes on 1/12/2015 and 12/4/2015 do not document any functional benefit from these previous chiropractic manipulation. Functional benefit can be defined as any clinically significant improvement in daily activities, reduction of work restrictions, or return to work. Given the absence of documented functional improvement, this request is not medically necessary.