

Case Number:	CM14-0127271		
Date Assigned:	08/15/2014	Date of Injury:	03/01/2007
Decision Date:	10/14/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	08/11/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 54 year-old female with a 3/01/07 date of injury from a cumulative trauma injury. The patient was diagnosed with ankylosing spondylitis, multiple joint pain, fibromyalgia and neck pain. 7/02/14 Progress note documented the patient complained of chronic neck, back, knees and other joint pain. He never received the massage therapy requested in December 2013. Clinically, there was bilateral paracervical, sternocleidomastoid or trapezius muscle tenderness. Range of motion (ROM) of the neck was limited. Muscle strength, deep tendon reflexes and sensation was normal in bilateral upper extremities. Back exam showed limited ROM and normal lower extremity strength. Sensation was intact bilaterally. Elbow, wrist and knee exam revealed bilateral tenderness, normal ROM with normal muscle strength and intact sensation. Knee tenderness was located at the medial and lateral joint lines. Ankle and foot exam showed bilateral tenderness of the ankles and right lateral foot, limited ROM in bilateral knees, normal muscle strength, sensation and reflexes. 8/07/13 MRI of the cervical spine documented scattered mild degenerative changes and 2.5 mm disc bulge at C3-C4 and C4-C5 level with 2 mm of broad based disc bulge at C5-C6. Treatments to date include medications, rheumatologist follow-ups, bilateral knee steroid injections and work modifications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Message therapy 2 x 6: 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: Medical necessity for massage therapy 2x6 is not established. CA MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In addition, massage is beneficial in attenuating diffuse musculoskeletal symptoms. The most recent medical report provided no documentation of trigger points, muscular weakness, joint stiffness or myofascial pain syndrome to substantiate a need for massage therapy. In addition, the requested number of therapy visits exceeds what the state guideline recommends. Modification is not permissible within the context of this review. Therefore, massage therapy 2 x 6 is not medically necessary and appropriate.