

Case Number:	CM14-0163730		
Date Assigned:	10/08/2014	Date of Injury:	02/11/2002
Decision Date:	11/13/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/06/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck and shoulder pain with derivative complaints of myofascial pain syndrome and headaches reportedly associated with an industrial injury of February 11, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of manipulative therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 3, 2014, the claims administrator approved a request for six sessions of manipulative therapy while denying a request for unspecified amounts of aquatic therapy and 12 sessions of massage therapy. The applicant's attorney subsequently appealed. In a May 12, 2003 medical-legal evaluation, the applicant was declared permanent and stationary. The applicant was not working. The applicant was described as a "qualified injured worker," suggesting that the applicant's employer was unable to accommodate his limitations. The applicant's attorney subsequently appealed. In a September 25, 2014 progress note, the applicant reported moderate-to-severe neck, shoulder, and arm pain with associated headaches. The applicant was not sleeping well. Diminished range of motion and muscle spasms were noted about multiple body parts. The applicant was asked to pursue manipulative therapy and massage therapy. The applicant was asked to remain off of work. The applicant was "not working," it was acknowledged. An earlier note dated March 25, 2013 also acknowledged that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Water/Pool Therapy x6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy topic, Physical Medicine topic Page(s): 22 98.

Decision rationale: As noted on page 22 of the MTUS Chronic Pain Medical Treatment Guidelines, aquatic therapy is recommended as an optional form of exercise therapy in applicants in whom reduced weightbearing is desirable. In this case, however, the handwritten September 25, 2014 progress note made no mention of reduced weightbearing being desirable here. The applicant's gait was not clearly described or characterized. It was not clearly stated why the applicant could not perform land-based therapy and/or land-based home exercises. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that applicants are expected to continue active therapies at home as an extension of the treatment process. In this case, it has not been clearly established why the applicant cannot continue his rehabilitation at this late stage in the life of the claim, several years removed from the date of injury, through self-directed home physical medicine, as suggested on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.

Massage Therapy to the Upper Body 2x/month x 6 months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy topic, Physical Medicine topic, Page(s): 60 98.

Decision rationale: The 12-session course of massage therapy proposed, in and of itself, represents treatment in excess of the 4- to 6-session course recommended on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines for massage treatment. It is further noted that page 98 of the MTUS Chronic Pain Medical Treatment Guidelines further qualifies this recommendation by noting that passive modalities such as massage should be employed "sparingly" during the chronic pain phase of a claim. The request, thus, as written, runs counter to MTUS principles and parameters. Therefore, the request is not medically necessary.