

Case Number:	CM14-0165692		
Date Assigned:	10/10/2014	Date of Injury:	02/28/2003
Decision Date:	11/12/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/08/2014

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 and Rehabilitation 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 67 year old male who was injured on 02/28/2003 when he twisted his knee and his low back. Prior medication history included glyburide, metformin, atenolol, and simvastatin and baby aspirin. Prior treatment history has included physical therapy, transcutaneous electrical nerve stimulation (TENS) unit and chiropractic care which has given him relief in the past. On initial evaluation report dated 08/19/2014, the patient complained of right knee and hip pain, right leg pain, low back pain and right shoulder pain. On exam, he had decreased flexion and extension with decreased rotation bilaterally. He has positive left lift on the right at 30 degrees. He also has decreased range of motion of the right shoulder. He has normal sensation with no signs of weakness. He did have spasm bilaterally of his latissimus dorsi muscles. The patient was diagnosed with lumbar discogenic disease with radiation down his right leg; muscle spasm, and right shoulder pain. He has been recommended for 8 sessions of deep muscle massage in his right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2 times 4: Upheld

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: Guideline recommend massage therapy as an option if it is an adjunct to other recommended treatment (e.g. exercise) and it should be limited to 4-6 visits in most cases. The requested amount exceed the recommendation and recommended treatment (e.g. exercise) is not documented. The medical necessity is not established.