

Case Number:	CM14-0165753		
Date Assigned:	10/10/2014	Date of Injury:	07/05/2014
Decision Date:	11/12/2014	UR Denial Date:	09/03/2014
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 Texas. 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:

Medical records reflect the claimant is a 21 year old male who sustained a work injury on 7-5-14. The claimant has been treated for injuries to the cervical spine, thoracic spine, lumbar spine and chest. Office visit on 8-20-14 notes the claimant has positive shoulder depressor, cervical compression, Kemps and Ely's orthopedic tests. He had muscle spasms and decreased range of motion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Twelve (12) certified massage therapist CMT visits with electrical muscle stimulation (EMS) and diathermy: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manipulation Page(s): 58-60.

Decision rationale: Chronic Pain Medical Treatment Guidelines notes that time to produce effect is 4 to 6 treatments. There is an absence in documentation noting why this claimant would require exceeding current treatment guidelines. Additionally, per ODG diathermy is not recommended. No proven efficacy in the treatment of acute low back symptoms. Diathermy is a

type of heat treatment using either short wave or microwave energy. It has not been proven to be more effective than placebo diathermy or conventional heat therapy. ODG also notes that neuromuscular electrical stim is not recommended. Therefore, the medical necessity of this request is not established as medically necessary.