MAXIMUS Federal Services

Case Number:	CM14-0095187		
Date Assigned:	07/25/2014	Date of Injury:	04/09/2000
Decision Date:	10/07/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/12/2014

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 Emergency 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 injured worker is a 49 year-old female, who sustained an injury on April 9, 2000. The mechanism of injury is not noted. Diagnostics have included: February 28, 2014 left shoulder MRI reported as showing subacromial bursitis, partial tear subscapularis, possible superior labrum tear. Treatments have included: medications, massage therapy, occupational therapy, trigger point injections, physical therapy, acupuncture, CBT. The current diagnoses are: cervical disc degeneration, myalgia/myositis, right sternoclavicular joint dysfunction. The stated purpose of the request for myofascial therapy, deep tissue massage, QTY: 6 was not noted. The request for myofascial therapy, deep tissue massage, QTY: 6, was denied on May 16, 2014, citing a lack of documentation of derived functional improvement from previous sessions. Per the report dated April 23, 2014, the treating physician noted complaints of multiple areas of pain to her neck and upper extremities. Exam findings included cervical tenderness.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy, deep tissue massage, qty: 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: The requested myofascial therapy, deep tissue massage, qty: 6, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." The injured worker has pain to her neck and upper extremities. The treating physician has documented cervical tenderness. The treating physician has not documented the injured worker's participation in a dynamic home exercise program, nor objective evidence of derived functional improvement from previously completed massage therapy sessions. The criteria noted above not having been met, myofascial therapy, deep tissue massage, QTY: 6, is not medically necessary.