MAXIMUS Federal Services

Case Number:	CM15-0013619		
Date Assigned:	02/02/2015	Date of Injury:	10/05/2000
Decision Date:	03/26/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	01/23/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 72-year-old male, who sustained an industrial injury on October 5, 2000. The diagnosis was not included in the progress note dated October 29, 2014. Treatment to date has included cortisone injections, massage therapy to right knee. In a progress note dated October 29, 2014, the treating provider reports the injured worker feels much looser in the right knee and much more functional at this time.On January 14, 2015 Utilization Review non-certified an additional massage therapy, once monthly, bilateral knees quantity six, noting; Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional massage therapy once monthly, bilateral knees QTY: 6: 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 Page(s): 60.

Decision rationale: According to the 01/13/2015 report, this patient presents with persistent pain in the bilateral knee. The current request is for Additional massage therapy, once monthly for 6 months, bilateral knees. The patient's work status is not mentioned in this report. The Utilization Review modified the request of once monthly for 6 months to once monthly for two months. For massage therapy, the MTUS guideline page 60, recommended as an option as indicated below. 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. In reviewing the provided reports, the treating physician indicated that the patient had 4 authorized massage therapy on 10/02/214; that is somewhat helpful but his pain is persisting in both of his knees. In this case, given that the patient has had 4 sessions of massage therapy recently, the requested 6 additional sessions exceed what is allowed by MTUS. MTUS supports 4-6 sessions of massage therapy in most cases. Therefore, the request IS NOT medically necessary.