

Case Number:	CM15-0013826		
Date Assigned:	02/02/2015	Date of Injury:	08/28/2003
Decision Date:	03/18/2015	UR Denial Date:	01/01/2015
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: Preventive Medicine, Occupational Medicine

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 56 year old male who sustained an industrial injury on 8/28/03. The injured worker reported symptoms in the neck and back. The diagnoses included other specified disorders of joint shoulder region, decreased active range of shoulder internal rotation, and degeneration of cervical intervertebral disc. Treatments to date include physical therapy. In a progress note dated 12/22/14 the treating provider reports the injured worker was with neck and shoulder pain. Provider documentation noted the injured worker recently completed 4 sessions of physical therapy for his neck and noted "it has helped somewhat." On 12/31/14 Utilization Review non-certified a request for 12 massage therapy sessions for the neck. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 massage therapy sessions for the neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

Decision rationale: MTUS Guidelines recommend between 4-6 sessions of massage therapy as adequate for chronic conditions. Under very unusual circumstances additional sessions may be justified. The request for an initial 12 sessions is not consistent with Guidelines. There are not unusual circumstances to justify an exception to Guidelines. The request for 12 massage therapy sessions for the neck are not medically necessary.