

Case Number:	CM15-0122075		
Date Assigned:	07/06/2015	Date of Injury:	06/02/2014
Decision Date:	07/31/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/24/2015

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:

This injured worker is a 44 year old male, who reported an industrial injury on 6/2/2014. His diagnoses, and or impression, were noted to include: foot pain; elbow pain; knee pain; post-traumatic stress disorder; depression; anxiety and insomnia. No current imaging studies were noted. His treatments were noted to include diagnostic studies; massage therapy, temporarily effective; medication management; and rest from work. The orthopedic progress notes of 4/24/2015 reported evaluation following a right knee "ACL" re-construction with allograft in 11/2014, with complaints of constant and severe pain in the right knee, associated with catching and locking under the patella and posteromedial aspect of the knee, which was aggravated by activities, and improved with anti-inflammatories and physical therapy; and right lateral foot pain with burning, also tender to the touch, and after feeling a pop from walking on the outside of his foot, and for which x-rays and magnetic resonance imaging studies detected no injury. He also reported significant left elbow pain and that something felt loose, status-post falling on it, and for which magnetic resonance imaging studies detected no injury. Objective findings were noted to include: no acute distress; a well-healed surgical incision on the right knee with significant tenderness over the joint line and patellar facet; tenderness over the right foot fifth metatarsal tuberosity that is callused; and mild thickening of the left elbow olecranon bursa with tenderness over the very tip of the olecranon. The impressions were for post right knee reconstruction with mechanical symptoms and pain, rule-out medial meniscus tear in his allograft tissue; right foot pain possibly secondary to abnormal gait; and unclear etiology of left elbow pain. The physician's requests for treatments, on the request for authorization, were noted

to include massage therapy for persistent pain and still being very stressed out from work situation, wanting massage therapy and medications for sleep.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 1-2 times a week for 4 weeks: 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 60.

Decision rationale: Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has continued to treat for chronic symptoms. A short course may be appropriate during an acute flare-up, red-flag conditions, or progressive deterioration; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Massage therapy 1-2 times a week for 4 weeks is not medically necessary and appropriate.