

<b>Case Number:</b>	CM15-0175030		
<b>Date Assigned:</b>	09/16/2015	<b>Date of Injury:</b>	10/25/2004
<b>Decision Date:</b>	10/19/2015	<b>UR Denial Date:</b>	08/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 52 year old male who sustained an industrial injury on 10-25-04. A review of the medical records indicates he is undergoing treatment for cervical disc degeneration, cervical disc displacement, cervicgia, lumbar disc displacement, lumbosacral spondylosis, sprain of the shoulder, and acromioclavicular sprain. Medical records (7-3-15 to 8-14-15) indicate that the injured worker is status post C5-C6 total disc arthroplasty and right carpal tunnel release. He has complained of ongoing "soreness" in the interscapular region that is worse with range of motion and better with rest. He describes the pain as "aching" and rates it 8 out of 10. The treating provider indicates on physical exam that the injured worker has "considerable stiffness in the neck and interscapular spasm". It also notes that "range of motion is moderately limited with both flexion and extension and rotation" (8-14-15). His current medications include Celebrex, Norco, Omeprazole, and Voltaren. Treatment has included surgery, as noted above, as well as medications and "a few sessions of physical therapy" (8-14-15). The injured worker requested massage, as "physical therapy, along with massage does seem to help". The request for authorization (8-17-15) indicates requests for 6 visits of massage therapy and 12 visits of physical therapy. The utilization review (8-26-15) indicates denial of the massage therapy.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Six massage therapy visits:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** The claimant has a remote history of a work injury in October 2004 and underwent a C5/6 cervical disc replacement and right carpal tunnel release on 02/19/15 followed by post-operative physical therapy beginning in March 2015. As of 05/14/15 there had been 12 post-operative treatments. The therapeutic content was reviewed and included soft tissue mobilization. Myofascial release or massage is not a documented treatment or part of the treatment plan. When seen, he had pain rated at 8/10. There was neck stiffness with spasms and moderately restricted range of motion. Additional physical therapy and massage therapy was requested. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, the number of treatment sessions is consistent with guideline recommendations and would be an adjunct to physical therapy and / or a home exercise program. There is no documentation that the claimant has had this form of therapy incorporated into his prior physical therapy treatments. The request can be accepted as being medically necessary, therefore is medically necessary.