

Case Number:	CM15-0026465		
Date Assigned:	02/18/2015	Date of Injury:	02/10/2011
Decision Date:	04/02/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/11/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 31-year-old male, who sustained an industrial injury on 2/10/2011. He reports a fall from a ladder and injuring the shoulder, neck and head. Diagnoses include cervico-brachial syndrome, neck pain and pain in the shoulder and thoracic spine. Treatments to date include physical therapy, chiropractic care, medical marijuana and medication management. A progress note from the treating provider dated 1/14/2015 indicates the injured worker reported chronic neck pain. On 1/26/2015, Utilization Review non-certified the request for 6 sessions of massage therapy, citing MTUS.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six (6) sessions massage therapy visits: 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 Manual therapy & manipulation Page(s): 58.

Decision rationale: According to MTUS guidelines, massage therapy “ Recommended for chronic pain if caused by musculoskeletal conditions. Manual Therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range-of-motion but not beyond the anatomic range-of-motion.” There is no documentation of objective findings that support musculoskeletal dysfunction requiring massage therapy. The patient have a work related injury since 2011. The outcome of previous physical therapy and massage therapy was not clearly documented in the patient file. The provider did not document a rational behind the request for 6 massage therapy sessions. Therefore, the request for Massage therapy Quantity: 6 sessions is not medically necessary.