

Case Number:	CM15-0042627		
Date Assigned:	03/12/2015	Date of Injury:	09/16/2009
Decision Date:	04/22/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/06/2015

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: Arizona, Texas

Certification(s)/Specialty: Internal 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 57 year old female, who sustained a work/industrial injury on 9/16/09. She has reported initial symptoms of neck pain and stiffness with radiation, right knee pain, and low back pain. The injured worker was diagnosed with multiligamentous sprain of the cervical spine with right upper extremity radiculitis, internal derangement of right knee; musculoligamentous sprain of the lumbar spine with lower extremity radiculitis, disc bulges L2-3, L3-4, L4-5, and L5-S1; contusion of tailbone with displacement and forward bent coccyx, tear medial and lateral meniscus left knee. Treatments to date included soft tissue therapy (plantar fasciitis), medication, and surgery (partial medial and lateral meniscectomy 5/25/10). Currently, the injured worker complains of stiffness and achy sensation of the neck with limited range of motion. The treating physician's report (PR-2) from 1/14/15 indicated the neck would crack with bending over. The right knee has pain with stiffness and some light cracking sound. There is also stiffness in the lower back. Examination noted lack of 2-3 fingerbreaths from touching the chest. Medications included Mobic, Motrin, Tramadol, and Methocarbamol. Treatment plan included continuation of present medications, Ketorolac injection, and 16 Sessions of Massage Therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

16 Session Massage Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-.26 Page(s): 60.

Decision rationale: According to the MTUS, massage therapy is recommended as an option. This treatment should be an adjunct to other recommended treatment (eg. Exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. In this case, there is no documentation of a HEP and the requested amount of sessions is in an excess of the recommended 4-6 visits. Therefore, the request is not medically necessary.