

Case Number:	CM15-0067210		
Date Assigned:	04/14/2015	Date of Injury:	08/18/2005
Decision Date:	05/14/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/08/2015

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 49 year old male, who sustained an industrial injury on 8/18/2005. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic pain, cervical disc displacement without myelopathy, shoulder pain, and status post right shoulder arthroscopy. Treatment to date has included medications and a home exercise program. On 3/05/2015, the injured worker complained of chronic neck and bilateral shoulder pain. He reported recovering from lumbar decompression surgery two weeks prior, on a non-industrial basis. His pain was not quantified. Current medication use included Oxycodone, post-operatively, and he reported not taking Norco at the present time. He reported benefit with massage therapy (self-procured) and stated he would like to continue. He received authorization for acupuncture but was waiting for clearance from his spinal surgeon. He was also status post left shoulder arthroscopic surgery in 2006 and status post cervical epidural steroid injection with some benefit (date not specified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy sessions quantity: 6.00: 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(s): 60.

Decision rationale: The claimant sustained a work-related injury in August 2005 and recently underwent a lumbar decompression. The requesting provider documents the claimant as paying for massage therapy and finding it beneficial, using it only when absolutely needed. The claimant performs a home exercise program. Guidelines recommend acupuncture as an option and as an adjunct to physical rehabilitation with up to 6 treatments 1 to 3 times per week with extension of treatment if functional improvement is documented. In this case, although within the guideline recommendation, the recent number and frequency of massage treatments is unknown. Therefore, this request is not medically necessary at this time.