

Case Number:	CM15-0073083		
Date Assigned:	04/23/2015	Date of Injury:	10/08/2012
Decision Date:	06/11/2015	UR Denial Date:	03/21/2015
Priority:	Standard	Application Received:	04/16/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 49 year old male, who sustained an industrial injury on October 8, 2012. The injured worker has been treated for left hip complaints. The diagnoses have included osteoarthritis of the pelvic region and thigh, contusion of the hip, pain in joint pelvic region and thigh, enthesopathy of hip region, unspecified myalgia and myositis and lumbosacral sprain/strain. Treatment to date has included medications, radiological studies, physical therapy, a home exercise program, function capacity evaluation and a total left hip replacement. Current documentation dated March 5, 2015 notes that the injured worker reported constant anterior and posterior left hip pain and thigh pain. He also noted significant spasms over the left hip and leg. Physical examination of the injured workers low back and left hip revealed pain and trigger points with spasms on the left side of the spine, hip and buttocks. A straight leg raise test was positive on the left side. The treating physician's plan of care included a request for massage therapy session # 12.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 Massage Therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myotherapy.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 299.

Decision rationale: This 49 year old male has complained of low back pain and left hip pain since date of injury. He has been treated with surgery, physical therapy and medications. The current request is for 12 massage therapy sessions. Per the ACOEM guidelines cited above, massage therapy is not a recommended physical treatment modality. On the basis of the available medical records and per the ACOEM guidelines cited above, 12 massage therapy sessions are not indicated as medically necessary.