

Case Number:	CM15-0098880		
Date Assigned:	06/01/2015	Date of Injury:	09/23/1998
Decision Date:	07/01/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

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: California

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 51-year-old male, who sustained an industrial injury on September 23, 1998, incurring low back, and knee and ankle injuries. Diagnostic studies revealed unremarkable, lumbar spine, right ankle, left ankle, right knee, and left knee. He was diagnosed with a lumbar spine sprain, internal derangement of the right knee, left knee contusion, ligamentous injury to the right ankle, and left ankle, and disc protrusion of the lumbar spine. He underwent a right knee arthroscopy with partial lateral meniscectomy. Treatments included muscle relaxants, anti-inflammatory drugs, pain medications, proton pump inhibitor, H-wave unit, massage therapy, steroid injections and work restrictions. Currently, the injured worker complained of consistent low back pain radiating down the left leg with stiffness and increased pain with weight bearing, knee pain, ankle pain with limited range of motion and wrist pain with tingling and numbness in the fingers. The treatment plan that was requested for authorization included eight massage therapy sessions. The progress report dated May 1, 2015 identifies objective findings stating "straight leg raising in a sitting position is 50° on the right and 45° on the left with pain to the low back."

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Massage Therapy Sessions: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20-9792.26 MTUS (Effective July 18, 2009) Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. Furthermore, there is no documentation of objective functional improvement from the therapy sessions already authorized. Additionally, there is no indication that the currently requested massage therapy will be used as an adjunct to other recommended treatment modalities. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.