

Case Number:	CM13-0070534		
Date Assigned:	04/02/2014	Date of Injury:	06/25/2009
Decision Date:	09/25/2015	UR Denial Date:	07/12/2013
Priority:	Standard	Application Received:	07/29/2013

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 58 year old female, who sustained an industrial injury on 6-25-2009. The mechanism of injury was not noted. The injured worker was diagnosed as having right hip arthritis, status post replacement. Treatment to date has included diagnostics, bilateral hip replacements (left hip non-industrial-dates unspecified), lumbar radiofrequency ablations, physical therapy, transcutaneous electrical nerve stimulation unit, and medications. Most recently (5-14-2013), the injured worker had a follow-up visit for her bilateral hip sprains and lumbar sprain. She reported a pain level ranging from 3-9 out of 10. She reported that rest and therapy helped to reduce pain. She reported that she could sit and stand for 15-20 minutes, and walk for 20-30 minutes, and then experienced pain. She found herself needing to lie down 2-3 times per day to relieve her back and hips. Physical exam noted tenderness to both hips. The treatment plan included massage therapy x8 for the right hip, rationale not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy for the Right Hip (8-sessions): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Section: Hip & Pelvis.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Section Page(s): 60.

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. Furthermore, this request exceed the number of initial sessions recommended by guidelines which is 4-6 sessions. As such, the currently requested massage therapy is not medically necessary.