

<b>Case Number:</b>	CM15-0105132		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	08/30/2013
<b>Decision Date:</b>	10/21/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Chiropractor

### 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 34 year old female, who sustained an industrial injury on 8-30-13. Medical record indicated the injured worker is undergoing treatment for cervical sprain, post-traumatic headaches, right hip sprain and right ankle sprain. Treatment to date has included deep tissue massage 4 sessions, home exercise program and activity modifications. On 3-11-15 and 4-8-15, the injured worker complains of continued neck pain, which is getting worse overtime with radiation laterally to shoulders and continued pain in right ankle, which feels better when popped. She may return to work with modifications. Physical exam performed on 3-11-15 and 4-8-15 revealed exquisite tenderness at the cervical paravertebral, right trapezius and medial border of the right scapula with restricted and painful range of motion, tenderness on right posterior, superior iliac spine and discomfort in medial and lateral malleoli of right ankle on palpation with full and painless range of motion. The treatment plan included additional deep tissue massage therapy, continuation of home exercise program and follow up appointment. On 5-8-15, utilization review non-certified request for additional deep tissue massage 1 time a week for 6 weeks noting guidelines permit massage as an adjunct therapy in treatment of musculoskeletal symptoms and should be limited to 4-6 sessions; she was previously approved for 4 sessions 2-2015; there was no ratable pain noted in the most recent visit nor was there documentation of functional improvement. There is not enough evidence to support additional massage therapy sessions.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Additional deep tissue massage 1 times 6 for the cervical spine, right hip, and right ankle:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck & Upper Back (Online Version).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** The claimant presented with chronic pain in the neck, right hip, and right ankle. Previous treatments include massages and home exercises. Reviewed of the available medical records showed that she recently completed 4 massage sessions. Based on the guidelines cited, the request for additional 6 massage therapy sessions exceeded the guidelines recommendation. Therefore, it is not medically necessary.