Wren Systems

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NOTICE OF INDEPENDENT REVIEW DECISION

DATE OF REVIEW:
Sep/13/2010

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:
Massage chair with leg massager and Shiatsu balls

DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:
MD, Board Certified in Physical Medicine and Rehabilitation

REVIEW OUTCOME:
Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:
[X] Upheld (Agree)
[ ] Overturned (Disagree)
[ ] Partially Overturned (Agree in part/Disagree in part)

INFORMATION PROVIDED TO THE IRO FOR REVIEW
ODG (Does not specifically address request)
Adverse Determination Letter and Appeal Letter, 8/24/10, 8/3/10
Dr., 7/20/10
attorney, 8/25/10

PATIENT CLINICAL HISTORY SUMMARY
This is a woman who was injured on xx/xx/xx. She had the injury to the low back and the knees. She had a right knee arthroscopic chondroplasty in 2008 and a left one in 2009. The back examination showed local tenderness with reduced motion. Dr. described bilateral knee pain, effusion and limited motion. He wrote a prescription for a massage chair with leg massager and shiatsu balls. The patient is prescribed Mobic, Skelaxin, Lyrica, and Hydrocodone-Acetaminophen. There was limited information in the records provided about this woman's back pain.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDING CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION
Mechanical massage devices are not recommended by ODG. The ODG does not provide any recommendation for Shiatsu balls, a form of accupressure. The patient's doctor has not provided any medical reason for the chair or the ball. Without any description of how they are to be used, and without supportive evidence in the ODG, this reviewer cannot support the request for Massage chair with leg massager and Shiatsu balls as medically necessary.

Massage (lumbar)

Recommended as an option in conjunction with recommended exercise programs. Manual massage administered by professional providers has shown some proven efficacy in the treatment of acute low back symptoms, based on quality studies. Mechanical massage devices are not recommended. (Furlan-Cochrane, 2002) (Werners, 1999) (Cherkin, 2001) (Cherkin-Annals, 2003) (Sherman, 2004) A recent meta-analysis concluded that massage might be beneficial for patients with subacute and chronic non-specific low-back pain,

especially when combined with exercises and education. When massage was compared to an inert therapy (sham treatment), massage was superior for pain and function on both short and long-term follow-ups. When massage was compared to other active treatments, massage was similar to exercises, and massage was superior to joint mobilization, relaxation therapy, physical therapy, acupuncture and self-care education. Reflexology on the feet had no effect on pain and functioning. The beneficial effects of massage in patients with chronic low-back pain lasted at least one year after the end of the treatment. In comparing different techniques of massage, acupuncture massage produced better results than classic (Swedish) massage and Thai massage produced similar results to classic (Swedish) massage. (Furlan-Cochrane, 2008) ODG's recommended frequency and duration of treatment for massage therapy are the same as Manipulation: Trial of 6 visits over 2 weeks, with evidence of objective functional improvement, total of up to 18 visits over 6-8 weeks.

Massage therapy (pain)

Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 vists in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) The efficacy of massage as a stand-alone and as multimodality treatment is uncertain, according to this Cohrane review. (Haraldsson, 2007) A recent meta-analysis concluded that massage might be beneficial for patients with subacute and chronic non-specific low-back pain, especially when combined with exercises and education. When massage was compared to an inert therapy (sham treatment), massage was superior for pain and function on both short and long-term follow-ups. When massage was compared to other active treatments, massage was similar to exercises, and massage was superior to joint mobilization, relaxation therapy, physical therapy, acupuncture and self-care education. Reflexology on the feet had no effect on pain and functioning. The beneficial effects of massage in patients with chronic low-back pain lasted at least one year after the end of the treatment. In comparing different techniques of massage, acupuncture massage produced better results than classic (Swedish) massage and Thai massage produced similar results to classic (Swedish) massage. (Furlan-Cochrane, 2008) See Manipulation for recommended frequency and duration of treatment.

Massage therapy (Knee)

Recommended as an option for osteoarthritis (OA). Massage therapy seems to be efficacious in the treatment of OA of the knee. Further study of cost effectiveness and duration of treatment effect is clearly warranted. (Perlman, 2006) Recommend massage use in conjunction with exercise, and limiting treatment to 8 visits (similar to PT). (Bennell, 2005)

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION

[ ] ACOEM-AMERICA COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE UM KNOWLEDGEBASE

[ ] AHCPR-AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES

[ ] DWC-DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES

[ ] EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN

[ ] INTERQUAL CRITERIA

[X] MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS

[ ] MERCY CENTER CONSENSUS CONFERENCE GUIDELINES

[ ] MILLIMAN CARE GUIDELINES

[X] ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES

[ ] PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR

[ ] TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS

[ ] TEXAS TACADA GUIDELINES

[ ] TMF SCREENING CRITERIA MANUAL

[ ] PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)

[ ] OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)