

Case Number:	CM13-0017151		
Date Assigned:	12/11/2013	Date of Injury:	09/11/2012
Decision Date:	03/26/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Claimant is a 42 year old female with date of injury 9/11/2012. The most recent clinical note provided for review is dated 2/6/2013. It reported that the claimant complained of neck and right shoulder achy pain, rated at 7-8/10 at times, still persistent and unchanged from previous visit. Tylenol as needed rarely and Flexeril at bedtime have been effective. Right shoulder surgery scheduled for 2/14/2013. She has been doing home exercise plan 4 times per day. On exam she had tenderness to palpation to neck paraspinals. Extension was normal. Trapezius muscles were tight. Right shoulder deltoid was non-tender to palpation, tenderness to palpation of posterior shoulder and anterior bicipital groove markedly tender to palpation. Forward flexion 180 degrees with non-painful pop, positive Jobe's and O'Brien. Abduction and forward flexion 180 degrees with pain in the bicipital groove. Strength 5/5. Neurovascular sensation intact. 2+ deep tendon reflexes. MRI of right shoulder on 12/26/2012: 1) moderate RTC tendinosis with SA/subdeltoid bursitis down sloping acromion and moderate AC joint degenerative change 2) SLAP lesion is seen extending to but no avulsing biceps anchor. Diagnosis: cervical and right shoulder strain, persistent. Orthopedic surgery consultation dated 10/11/2012 diagnoses include 1) joint pain, shoulder 2) cervicalgia 3) rotator cuff syndrome NOS. Per the utilization review, the claimant had been diagnosed with adhesive capsulitis, and was status post arthroscopic surgery for subacromial decompression and biceps tenotomy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy or the right shoulder, 1 time a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Section

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60, Postsurgical Treatment Guidelines Page(s): 27.

Decision rationale: The Post-Surgical Treatment Guidelines report that 24 visits of physical medicine over 14 weeks is recommended, and that the postsurgical physical medicine treatment period is 6 months. At the time of the request, the claimant was already 6 months post surgery, had already received 12 visits of physical therapy and 3 visits of massage. The claimant had implemented a home exercise plan. These guidelines do support a short period of massage therapy following surgery, but the goal of physical medicine is to move from passive therapies such as massage to guided active therapies, so that a home exercise plan can be implemented. Requesting 6 sessions of massage therapy at this point is not consistent with these guidelines. There is not sufficient explanation in the clinical documents provided for review to justify why this claimant may need to be considered for passive therapy at this point in recovery. The request for massage therapy, 1 time per week for 6 weeks, is determined to not be medically necessary.