

<b>Case Number:</b>	CM13-0036464		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	08/08/2011
<b>Decision Date:</b>	05/15/2014	<b>UR Denial Date:</b>	10/02/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2013

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Sports Medicine and is licensed to practice in Texas. 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/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:

The injured worker is a 42-year-old female with a reported date of injury on 08/08/2011. The mechanism of injury was not provided. In a progress report dated 08/22/2013, the injured worker reported continued pain in the shoulder, which was reportedly severe at times. The injured worker also complained of back pain, which was described as aching and constant, and rated the pain at an 8/10 with medications. The injured worker reported myalgias, muscle weakness, stiffness, and joint complaints. The injured worker's medication regimen included Norco 10/325 mg, temazepam 30 mg 1 at bedtime as needed, Ambien 10 mg 1 at bedtime, and Opana ER 20 mg twice a day. Past treatments include epidural steroid injections and physical therapy; the efficacy of which were not provided within the medical records. The injured worker had a diagnosis of myalgia and myositis, unspecified. The provider recommended massage therapy and continuation of medications. A request for authorization was not provided.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MASSAGE THERAPY 1 X PER WEEK FOR 4 WEEKS FOR THE CERVICAL SPINE AND BILATERAL SHOULDER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
MASSAGE THERAPY Page(s): 60.

**Decision rationale:** The California MTUS Guidelines note massage therapy treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term followup. 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. 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. The request for massage therapy 1 time a week for 4 weeks for the cervical spine and bilateral shoulders is non-certified. The California MTUS Guidelines recommend massage therapy as an adjunct to other recommended active treatments and limit treatment to 6 visits in most cases. Massage is a passive modality; the guidelines recommend the use of passive modalities for acute phases of treatment. Within the provided documentation it was unclear if the massage treatments would be used as an adjunct to other recommended treatment (e.g. exercise). As such, the request is non-certified.