

<b>Case Number:</b>	CM13-0053786		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	01/10/2003
<b>Decision Date:</b>	04/30/2014	<b>UR Denial Date:</b>	11/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 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 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 patient is a 57 year old male who was injured on 01/10/2003. The mechanism of injury is unknown. Prior treatment history has included physical therapy, chiropractic therapy, acupuncture, injections, and TENS unit. Medication history includes hydrocodone, methadone, Zolpidem, Baclofen, and Gabapentin. PR2 dated 10/22/2013 stated the patient is being seen for follow-up. She is having chronic pain. The medications keep the pain level tolerable. Objective findings on exam revealed limited range of motion in the neck and right shoulder with tenderness and stiffness. The patient is diagnosed with cervical disc disease, cervical stenosis/spinal and shoulder impingement syndrome. The patient is recommended to undergo 12 physical therapy sessions. PR2 dated 07/22/2013 stated the patient still has complaints of pain in the neck and right shoulder. The patient states no changes since the last visit. Physical findings on exam revealed limited range of motion in the neck and right shoulder. PR2 dated 04/23/2013 documented the patient to have complaints of pain in the neck and right shoulder. It is painful on the right side. She has had headaches for 2 months. Physical findings on exam revealed reduced range of motion of the neck and right shoulder. PR2 dated 02/12/2013 documented the patient to have complaints of very painful right shoulder, slight neck pain, constant numbness and tingling in the right hand. The right shoulder pain has gotten much worse in the past 3 to 4 months despite taking methadone Norco, and Gabapentin. Objective findings on exam revealed on review of the right shoulder MRI arthrogram performed on 06/29/2004 revealed superior anterior posterior labrum tear but no RC tear. She has reduced range of motion of the neck and right shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**MASSAGE THERAPY THREE (3) TIMES A WEEK FOR FOUR (4) WEEKS TO CERVICAL SPINE AND RIGHT SHOULDER: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY, Page(s): 60. Decision based on Non-MTUS Citation (ODG) Official Disability Guidelines-Treatment for Workers' Compensation (TWC), Neck and Upper Back.

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

**Decision rationale:** This is a request for 12 visits of massage therapy for cervical spine and right shoulder for a patient with chronic pain on opioids from a 2003 injury. From the available medical records, it is unclear if massage therapy has been tried in the past. It is unclear if massage is to be used as an adjunct to other treatment such as exercise. Massage therapy is recommended as an option but should be limited to 4-6 visits in most cases. Long-term efficacy is unclear, it is a passive intervention, and treatment dependence should be avoided. Medical necessity has not been established. Therefore, massage therapy is non-certified.