

Case Number:	CM13-0056569		
Date Assigned:	12/30/2013	Date of Injury:	05/10/2012
Decision Date:	04/04/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/22/2013

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 Family Practice 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:

The patient is a 56-year-old male who reported a work-related injury on 05/10/2012 after pushing a large trash can filled with books out of an elevator, in which the patient's hand became stuck between the elevator wall and the trash can, causing him to twist his arm from his shoulder to his elbow and hitting his elbow against the elevator wall. The patient's diagnoses include status post right rotator cuff surgery in 2013, cervical sprain with myofascial pain syndrome, right elbow sprain and right biceps strain. The patient has undergone conservative treatment, to include cortisone injections, physical therapy and anti-inflammatories. Physical exam of the right shoulder revealed no fluctuance or erythema, and his active range of motion for forward flexion remained at 160 degrees. External rotation was 50 degrees, and internal rotation was to L3. Cuff strength remained greater than 5-/5 with a positive impingement sign. A request was made for myofascial therapy/deep tissue massage for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy/deep tissue massage for the right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 62-63.

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines state that massage therapy is recommended as an option and should be an adjunct to other recommended treatment and should be limited to 4 to 6 visits in most cases. Guidelines state that massage is a passive intervention, and treatment dependence should be avoided and the lack of long-term benefits could be due to the short-treatment, or treatments such as these do not address the underlying causes of pain. The patient was noted to have undergone massage therapy in the past; however, the efficacy of these treatments was not reported in the submitted documentation. In addition, the number of massage therapy visits was not noted in the request, and there was no documentation that massage therapy would serve as an adjunct to other recommended treatment, to include exercise for the patient. Therefore, the decision for myofascial therapy/deep tissue massage for the right shoulder is non-certified.