

Case Number:	CM13-0061530		
Date Assigned:	12/30/2013	Date of Injury:	06/26/2012
Decision Date:	04/11/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/05/2013

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 and 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 patient is a 50-year-old female who reported an injury on 06/26/2012 from a fall. Her diagnoses include left humerus shaft fracture status post intramedullary rod, chronic left shoulder pain, and trapezial pain. The 10/24/2013 clinic note reported a complaint of left shoulder and humerus pain which radiated into the upper back. The patient reported her pain as a 4-6/10 with a decrease in strength. The exam reported her range of motion as flexion of 150 degrees, extension of 40 degrees, abduction of 150 degrees, adduction of 40 degrees, internal rotation of 60 degrees, and external rotation of 60 degrees with positive Neer's and Hawkins impingement tests. The note stated that the patient was following up with [REDACTED] for left shoulder diagnostic arthroscopy to determine rotator cuff tear. She was recommended for massage therapy for her left trapezius pain and Ultram for her left shoulder pain. The note stated that she had failed first-line therapies, including physical therapy, activity restrictions, medications and home exercise.

IMR ISSUES, DECISIONS AND RATIONALES

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

MASSAGE THERAPY TWICE A WEEK FOR THREE WEEKS: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS recommends massage therapy for attenuating diffuse musculoskeletal symptoms for 4 to 6 visits in conjunction with other recommended treatments. The documentation submitted for review indicated that the patient had failed other conservative therapies and did not specify whether the massage therapy would be in conjunction with any other treatments. Additionally, the records indicated that the patient's symptoms were from impingement rather than musculoskeletal. As such, the request is non-certified.