

Case Number:	CM14-0003100		
Date Assigned:	06/11/2014	Date of Injury:	11/29/2011
Decision Date:	12/04/2014	UR Denial Date:	12/31/2013
Priority:	Standard	Application Received:	01/08/2014

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:

This is a 40-year-old male with a 11/29/11 date of injury. According to a progress report dated 12/19/13, the patient presented with neck and left shoulder pain. He is awaiting another 6 treatments of chiropractic manipulation and still wants massage therapy. He reported good relief with medical massage. Objective findings: mild cervical tenderness, one area of point tenderness in the left trapezius area. Diagnostic impression: AC joint pain, cervicgia, myofascial pain, shoulder pain, thoracalgia. Treatment to date: medication management, activity modification, chiropractic care, massage therapy. A UR decision dated 12/30/13 denied the request for massage. This patient has already had 4 sessions of massage, and though there is subjective report of benefit, there is no clear lasting benefit. In addition, this patient has an injury from 2011, is working full duty, and has a normal physical exam, other than "mild" tender points.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEEP MASSAGE OF THE NECK AND SHOULDERS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy.

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

Decision rationale: CA MTUS states that massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. However, in the present case, according to the UR decision dated 12/30/13, this patient has completed 4 sessions of massage therapy. Although he reported good relief with massage therapy, there is no documentation of functional gains, improvement in activities of daily living, or significant pain relief. In addition, the number of massage therapy sessions requested is not noted. Therefore, the request for Deep Massage of The Neck and Shoulders is not medically necessary.