

Case Number:	CM14-0117287		
Date Assigned:	09/23/2014	Date of Injury:	05/29/2011
Decision Date:	10/24/2014	UR Denial Date:	07/03/2014
Priority:	Standard	Application Received:	07/25/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 45-year-old female with a reported injury on 05/29/2011. The mechanism of injury occurred when she tried to prevent someone from falling. The injured worker's diagnoses included cervical spinal enthesopathy, cervical spondylosis, cervical radiculitis, cervical myofasciitis, compensatory cervical sprain/strain, thoracic sprain/strain, pain in thoracic spine, and thoracic myofasciitis. The injured worker's previous treatments included medications, physical therapy, TENS, chiropractor, and shoulder sling. The injured worker's previous diagnostic testing included cervical x-rays on 06/20/2014 which showed loss of the cervical lordosis, narrowed disc spaces between C5 and C6, and moderate to severe cervical osteoarthritis with severe anterior vertebral body osteophytes. The injured worker also had a NCV/EMG on 03/08/2012 which revealed evidence of mild right carpal tunnel syndrome with prolonged right median sensory latency across the wrist, and no evidence of carpal tunnel syndrome on the left. No evidence of ulnar and radial neuropathy was shown on either side. The injured worker's surgical history included a right shoulder arthroscopy on 11/11/2011, revision surgery on 07/20/2012, and arthroscopic right rotator cuff and anterior labrum repair on 04/18/2014. The injured worker was evaluated on 06/10/2014 for neck pain with radicular right arm pain to include burning pain down to the elbow, palms, and fingers. The injured worker also complained of upper back and mid back pain. The clinician observed and reported restricted and decreased cervical and thoracic active range of motion, positive cervical orthopedic tests including foraminal compression, Soto-Hall, shoulder depression, right greater than left, and cervical distraction. The cervical and thoracic paraspinal musculatures were tender and moderately hypertonic. Moderate hypertonicity and tenderness along the right middle trapezius, right levator scapula, right iliocostalis cervicis, and right rhomboid musculatures were noted. Hypoesthesia was noted along the right anterior forearm to the 3rd digit. The clinician's

treatment plan was for chiropractic adjustment/manipulation, myofascial release, and deep tissue massage. The injured worker's medications included Norco and Theramine. The request was for massage therapy. The rationale for the request was for cervical spondylosis. The Request for Authorization Form was submitted on 06/25/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy: 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 therapy, Page(s): 60..

Decision rationale: The request for massage therapy is not medically necessary. The injured worker did continue to complain of neck pain with radicular right arm pain. The California MTUS Chronic Pain Guidelines do recommend massage therapy as an adjunct to other recommended treatment and it should be limited to 4 to 6 visits in most cases. The request did not include the number of sessions or the frequency of sessions. Therefore, the request for massage therapy is not medically necessary.