

Case Number:	CM14-0127505		
Date Assigned:	08/15/2014	Date of Injury:	12/02/2002
Decision Date:	09/18/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/12/2014

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 & 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 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 55-year-old female who reported an injury on 12/02/2002. The mechanism of injury was not provided for clinical review. The diagnoses include left and right shoulder rotator cuff tendonitis and rotator cuff tear. The previous treatments included medication, EMG/NCV, and injections. Diagnostic testing included an MRI. Within the clinical note dated 03/17/2014, it was reported the injured worker complained of neck and back pain. Upon the physical examination of the right shoulder, the provider noted an impingement with tenderness and spasms in the paraspinal musculature. The injured worker had decreased range of motion of the cervical spine, about 70% of normal. The provider noted the left shoulder showed impingement. The provider requested for massage therapy. However, the rationale is not provided for clinical review. The Request for Authorization was provided; however, it was not dated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 3 x 4 for the neck: 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 3 times 4 for the neck is not medically necessary. The California MTUS Guidelines recommend massage therapy as an option as indicated. This treatment should be as an adjunct to other recommended treatments including exercise, and should be limited to 4 to 6 visits in most cases. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. The request submitted exceeds the guidelines recommendations of the limited amount of visits of 4 to 6. The provider's rationale for the request was not provided for clinical review. Therefore, the request is not medically necessary.