MAXIMUS Federal Services

Case Number:	CM14-0150188		
Date Assigned:	09/18/2014	Date of Injury:	05/22/2013
Decision Date:	10/17/2014	UR Denial Date:	08/27/2014
Priority:	Standard	Application Received:	09/15/2014

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 Chiropractic 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:

The patient is a 42-year-old female born on [redacted]. On 05/22/2013, while working as a [redacted] aid/campus aid, a child was on a monkey bar and couldn't get down and jumped and grabbed her neck, and she felt pain in her neck. The chiropractor's PR-2 of 07/09/2014 reports complaints of right shoulder pain; right shoulder, arm and forearm/hand numbness; suboccipital headaches, cheek/jaw pain and numbness that radiated into her right ear, right scapular numbness and right cervicothoracic pain. Examination findings were noted as cervical spine ranges of motion severely limited with pain, 3/5 weakness of right deltoid and wrist extensors, dermatomes were diminished on the right from C5 through an illegible entry, and subluxations were noted at C2, C5, T3, T6, L4, and right SI joint. Diagnoses were noted as right shoulder tendinitis (814.00), cervical VSC (839.00) and cervicobrachial syndrome (723.3). The chiropractor recommended a treatment plan of 1 time per week for 6 weeks. The submitted documentation reports the patient treated with chiropractic care on 6 occasions from 06/11/2014 through 07/25/2014. The chiropractor's PR-2 of 08/15/2014 reports right cervicothoracic pain, right upper trapezius pain, and intermittent right side arm and hand numbness. By examination, cervical ranges of motion were limited in left lateral flexion, bilateral rotation, and extension; and myospasms were noted in the right levator scapula, posterior scalene, trapezius and SCM. The patient was diagnosed with right shoulder tendinitis (814.00), cervical VSC (839.00) and cervicobrachial syndrome (723.3). The chiropractor reported the patient had been getting massage therapy for the prior 4 weeks (1 time per week) and had been showing improvement. The chiropractor recommended a treatment plan of 60 minute massage therapy sessions 1 time per week for 6 weeks. The patient treated with 5 60-minute massage therapy sessions from 07/26/2014 through 08/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional massage therapy, 1 60 minute session a week for the right shoulder, QTY: 6: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & Manipulation Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Massage and ACOEM Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 106, 111, 115

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

Decision rationale: The request for 6 additional massage therapy sessions for the right shoulder is not supported by MTUS to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) reports massage should be utilized as an adjunct to other recommended treatments (e.g. exercise) and it should be limited to 4-6 visits in most cases. Prior to the recent request for 6 additional massage therapy sessions, the patient had treated with 4 massage therapy sessions over the prior 4 weeks, without evidence of measured objective functional improvement with care rendered and without evidence the massage therapy sessions were used as an adjunct to other recommended treatments (e.g. exercise); therefore, the request for 6 additional massage treatment sessions is not supported to be medically necessary. MTUS (Chronic Pain Medical Treatment Guidelines) reports massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, but this patient has not reportedly undergone recent major surgery; therefore, the request for 6 additional massage treatment sessions is not supported to be medically necessary.