

Case Number:	CM14-0152394		
Date Assigned:	09/22/2014	Date of Injury:	08/29/2002
Decision Date:	10/27/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/18/2014

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 injured worker is a 50-year-old male who reported an injury on 08/29/2002 due to an altercation with his foreman, where he was pushed several times, and pushed to the ground. The injured worker had a history of neck and right shoulder pain. The diagnoses included disc disorder of the cervical spine, cervical facet syndrome, shoulder pain, and rotator cuff repair. The past treatments included physical therapy, medication, injection, massage therapy, and acupuncture. Medications included ibuprofen, oxycodone 20 mg, and oxycodone 30 mg. The physical findings of the cervical spine, dated 08/07/2014, revealed a surgical scar, restricted range of motion with flexion limited at 35 degrees and extension limited to 15 degrees, tenderness to palpation of the paravertebral muscles with taut muscle bands noted bilaterally. Spurling's maneuver produced no pain to the neck musculature or radicular symptoms to the arm. The neurological evaluation was within normal limits. The motor examination revealed a 5/5 bilaterally for grip strength, wrist extensors 5/5 bilaterally, elbow flexors 5/5 bilaterally, shoulder abduction 4/5 on the right and 5/5 on the left with a shoulder internal rotation of 4/5 bilaterally. The treatment plan included massage therapy. The Request for Authorization, dated 08/19/2014, was submitted with documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for neck QTY: 6.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173-174, Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

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

Decision rationale: The request for massage therapy for neck qty: 6.00 is not medically necessary. The California MTUS Guidelines recommend massage therapy as 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. Massage is a passive intervention and treatment dependence should be avoided. The lack of documentation a long term benefit could be due to the short treatment periods or treatments such as these that do not address the underlying causes of pain. The clinical notes were not evident of the efficacy of the medication that would require the injured worker to need massage therapy. The guidelines indicate it is not for long term effects, but for short treatment periods, and that the treatments do not address the underlying cause of pain. As such, massage therapy for neck is not medically necessary.