

Case Number:	CM14-0166096		
Date Assigned:	10/13/2014	Date of Injury:	11/24/2010
Decision Date:	11/24/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/08/2014

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:

There were 48 pages provided for this review. The application for independent medical review was for massage therapy for 18 sessions for the right shoulder and hip. It application was signed on September 16, 2014. The approved quantity was for six and the non approved was for 12. As of a note from August 27, 2014, the patient complained of pain in the right shoulder and the right hip. The patient's pain without medicine's was three out of 10. There were no new problems or side effects. The quality of sleep was poor and activity level had remained the same. There was an agreed medical evaluation dated August 6, 2013. On examination of the right shoulder, Hawkins test and the empty can test were positive suggestive if impingement or internal derangement. There was tenderness noted in the biceps groove and sub deltoid bursa. On examination of the right hip there was tenderness over the trochanter. FABERE test was positive. Strengths were all full and equal except for the shoulder flexor and abduction, which was graded at four out of five on the right. The patient was diagnosed with shoulder pain and hip pain. Medicine was topical Pennsaid 1.5% solution and a Lidoderm patch. The patient had steroid injections to the right shoulder and the right hip in 2011. There was also physical therapy and acupuncture. The concern of the previous reviewer was that massage is generally limited to six sessions as an initial trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy x18 for Right Shoulder and Hip: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127.

Decision rationale: Regarding Massage therapy, the California MTUS notes this treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term followup. 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. In this case, 18 sessions would be unsupported. Moreover, it is not clear it is being proposed as an adjunct to other treatment, such as exercise. The guides also suggest a six session's limit. The request is not medically necessary and appropriate.