

<b>Case Number:</b>	CM14-0166781		
<b>Date Assigned:</b>	10/14/2014	<b>Date of Injury:</b>	03/04/2009
<b>Decision Date:</b>	11/26/2014	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2014

### 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 General Surgery, 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:

This 58 year old male has been diagnosed with right shoulder joint pain, primary localized osteoarthritis of the right shoulder region, and unspecified myalgia and myositis. This review is limited to the right shoulder. There are other complaints and diagnoses. His shoulder pain radiated to the elbow and below with muscle spasms. The pain is at an 8-10 and constant, worsened with activity and improved with heat and massage. Arthroscopic rotator cuff repair was done on the right shoulder in 2012. This resulted in a 70-75% reduction in pain. The massage is being requested to decrease pain and spasm. Medication has consisted of medical foods, topicals that are not supported by medical evidence-based Guidelines, and Percocet. The request was for massage therapy x 12 sessions over 6 weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy for The Right Shoulder 2 Times A Week for 6 Weeks:** 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 Massage therapy Page(s): 60.

**Decision rationale:** "Recommended as an option as indicated below. 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 follow-up. 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." Medical necessity has been established per the medical records provided to this reviewer. Guidelines suggest 4-6 sessions as appropriate. Therefore, the request for 12 sessions of Massage Therapy is not medically necessary.