

Case Number:	CM14-0167295		
Date Assigned:	10/14/2014	Date of Injury:	12/09/2009
Decision Date:	11/17/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine, 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 37 year old female with an injury date of 12/09/09. Based on the 04/28/14 progress report provided by [REDACTED] the patient complains of right shoulder, thoracic outlet syndrome and neck pain rated 2-8/10, with radiation down the right arm into the hand. Physical examination to the right shoulder revealed decreased abduction of 100 degrees and positive Spurling. Massage in conjunction with Acupuncture help her pain decrease 30-40%. She decreased medication use from 0-3 Diclofenac sodium, and muscle relaxer a day to not taking any medications. She has had great relief with the two therapies at a time. She was able to discharge Cymbalta a month ago and is doing well. Diagnosis 09/08/14- repetitive strain injury, right upper extremity with neck and thoracic pain- thoracic outlet syndrome, given dysesthesias and secondary upper back, neck pain- right shoulder tendonitis with impingement- possible low grade right upper extremity radiculopathy- chronic [REDACTED] is requesting Massage Therapy 1-2 wk x 6 wks Cervical and Right Shoulder. The utilization review determination being challenged is dated 09/23/14. The rationale is "there is no clear number to how many visits have been provided." [REDACTED] is the requesting provider, and he provided treatment reports from 04/28/14 - 09/08/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Message Therapy 1-2xWk x Wks Cervical and Right Shoulder: Upheld

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

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

Decision rationale: The patient presents with right shoulder, thoracic outlet syndrome and neck pain rated 2-8/10, with radiation down the right arm into the hand. The request is for Massage Therapy 1-2 wk x 6 wks Cervical and Right Shoulder. Her diagnosis dated 09/08/14 includes repetitive strain injury, right upper extremity with neck and thoracic pain; and right shoulder tendonitis with impingement. Treater states in progress report dated 04/28/14 that massage in conjunction with Acupuncture help her pain decrease 30-40%. She decreased medication use from 0-3 Diclofenac sodium and muscle relaxer a day to not taking any medications; and was also able to discharge Cymbalta a month ago and is doing well. MTUS page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. Massage is also an effective adjunct treatment to relieve acute postoperative pain. Treater states in progress report dated 04/28/14 that patient has had great relief with massage and acupuncture, and has documented decrease in pain with numerical scales and decrease in medication. However, review of medical records do not document the total number of massage therapy visits patient has had. The request for up to 12 sessions would exceed number of visits allowed by guidelines. The request is not medically necessary.