

Case Number:	CM14-0175056		
Date Assigned:	10/28/2014	Date of Injury:	11/30/2009
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/23/2014

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 Orthopedic 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:

55-year-old female claimant with an industrial injury dated 11/30/09. The patient is status post a right shoulder arthroscopy with arthroscopy rotator cuff repair, arthroscopic glenohumeral debridement, synovectomy, partial labral resection, subacromial decompression, and a retear of the labrum and rotator cuff tear dated 08/30/0. As of 06/27/12 the patient is status post a biceps tendon release, torn glenohumeral debridement of open rotator cuff tear with acromioplasty, distal clavicle excision, and long head biceps tenotomy. Exam note 08/19/14 states the patient returns with severe neck pain that is radiating to the upper back. The patient also complains of right shoulder pain. She rates the pain an 8/10, and seeks relief when laying down and using her pain cream for up to 40 minutes of relief. Current medications include hydrocodone/acetaminophen, Piroxicam, Omeprazole, and Nortriptyline. Upon physical exam the patient had 2+ distal pulses, and no lower limb edema. The patient demonstrated a head-forward posture and there was tenderness at C6-7 to T2-3. The patient also had mild tenderness at the lateral cervical paraspinal muscles with normal tone, and increased tone in the scalenes and along the trapezial ridge with large trigger points left over the right side. The patient completed a negative Spurling's maneuver test, Adson's test and Roos' maneuvers. The patient also completed a positive Hawkins, Neer, and empty can test. The patient demonstrates a full range of motion of the elbows and wrists with no tenderness. She appears to have a normal gait. Diagnosis is noted as a right rotator cuff tear supraspinatus and infraspinatus glenoid degeneration, right adhesive capsulitis, left bicipital tendonitis with chronic shoulder pains, chronic cervicgia and myofascial pains, right C5 radiculopathy, and depression. Treatment includes massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy 2 Times A Week for 4 Weeks to The Neck: 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: Per the California Medical Treatment Utilization Schedule (MTUS)/ American College of Occupational and Environmental Medicine (ACOEM) Chronic Pain Treatment Guidelines, page 60 regarding massage therapy, "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." The request for massage therapy for 8 visits does not consist with the guidelines. Guidelines suggest an initial 2 visits. Therefore the requested treatment is not medically necessary and appropriate.