

Case Number:	CM14-0180177		
Date Assigned:	11/04/2014	Date of Injury:	03/04/2009
Decision Date:	12/10/2014	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	10/29/2014

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 Internal 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:

The patient is an injured worker with right shoulder and lumbosacral conditions. Date of injury was 03-04-2009. Right shoulder arthroscopic rotator cuff repair was performed 9/12/12. The progress note dated 09/04/2014 documented subjective complaints of right shoulder pain and lower back pain radiating to the right lower extremity with numbness in the right foot. The patient reported right shoulder pain radiating to elbow. The patient had undergone two right shoulder surgeries. The patient described the pain as constant and rated the pain at 8/10 during the visit and at 10/10 when worst. The pain was made worse by increased activity and movement. The pain was better by applying heat and massage. Associated symptoms included difficulty staying asleep due to pain. The patient reported lower back pain with stiffness and worsening. The patient described the pain as constant, aching, hot burning, and stabbing. The pain was rated at 10/10 when worse and 8/10 during the visit. The pain was made worse by movement and standing a long time. The pain was made better by applying heat, massage, taking medications, and sitting. The patient reported muscle pain, shoulder pain, back pain, morning stiffness, anxiety, depression, mood Swings, nervousness, sleeping difficulty, and excessive thirst. On physical examination, there was right and left sided pain upon palpation of the bilateral sacroiliac joint. There was limited range of motion of the lumbar spine in flexion and extension, secondary to increased pain, tightness, and stiffness. The patient had tenderness over the lumbar spinous processes and interspaces from L1 to S1, significant at L1 to L3. There was tenderness to palpation over the facet joints from L1 to S1 bilaterally, with positive provocation test. The patient had tightness, tenderness and trigger points in the lumbar paravertebral, quadratus lumborum, gluteus medius, maximus, and piriformis. Diagnoses included osteoarthritis, localized, primary, involving shoulder region localized osteoarthopathy, acromioclavicular joint, glenohumeral joint, sternoclavicular joint, clavicle, scapula, disorders of bursae and tendons in

shoulder region, rotator cuff syndrome, supraspinatus syndrome, calcifying tendinitis of shoulder, and myalgia and myositis, degeneration of the lumbar spine, status post carpal tunnel surgery, hypertension, right elbow pain, right ulnar compression, and fibromyositis. Treatment plan included 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 6 weeks for the right shoulder (quantity 12): 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: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that massage therapy should be an adjunct to other recommended treatment, and it should be limited to 4-6 visits. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. There is a lack of long-term benefits. Medical records document right shoulder and lumbosacral conditions. Twelve visits of massage therapy were requested. MTUS guidelines state that massage therapy should be limited to 4-6 visits. The request for 12 visits exceeds MTUS guidelines and is not supported. Therefore, the request for Massage therapy 2 times a week for 6 weeks for the right shoulder (quantity 12) is not medically necessary.