

<b>Case Number:</b>	CM14-0023736		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	12/31/2002
<b>Decision Date:</b>	07/15/2014	<b>UR Denial Date:</b>	02/12/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/25/2014

### 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 and is licensed to practice in Florida. 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 injured worker is a 62 year old male who suffered a cumulative trauma injury to his neck, bilateral arms, bilateral shoulders and back with a reported day of injury on 12/31/2002. The injured worker had complaints of continued pain in the right shoulder, right periscapular area, neck pain on the right side described as aching and sharp. On physical examination the injured worker complained of limb pain, neck stiffness, joint complaints and shoulder pain. Cervical spine was tender, decreased flexion, decreased extension, decreased rotation, decreased left lateral bending and decreased right lateral bending. Left upper extremity showed glenohumeral joint tenderness, tenderness subacromial space, pain with resisted abduction and flexion of the bicep. The shoulder had decreased abduction, pain with abduction, decreased shoulder flexion and pain with shoulder flexion. Right upper extremity overall showed normal exam. Diagnostic studies not submitted within the document. The diagnosis for the injured worker were cervical pain/ cervicgia, myofascial pain syndrome/fibromyalgia and shoulder region degenerative disc disease. Medications reported were Norco 10/325 mg one tablet every 4-6 hours quantity of 180. The injured worker has had chiropractic therapy in the past, physical therapy (progress note dated 5/30/2013), along with massage therapy. The document submitted noted Massage and chiropractic therapies have proven helpful to relieve pain and reduce medication usage. The treatment plan was for massage therapy with twelve visits.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**TWELVE (12) MASSAGE THERAPY VISITS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage/Myofascial Release.

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

**Decision rationale:** The request for twelve massage therapy visits is not medically necessary. The injured worker has had past chiropractic and massage therapies without much documentation of improvement of functionality and the longevity of pain relief. California Medical Treatment Utilization Schedule states this treatment should be an adjunct to other recommended treatment (e.g., exercise), and should be limited to 4-6 visits. It also states many studies lack long term follow up and that massage therapy is a passive intervention and treatment dependence should be avoided. The submitted document is also lacking information of overall improvement of pain with massage therapy and of decrease in pain medications. Functional improvements and pain outcomes should be documented. Therefore, the request is not medically necessary.