

<b>Case Number:</b>	CM14-0026252		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	02/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2014

### 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 Occupational Medicine and is licensed to practice 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:

There were 76 pages provided for this review. The application for independent medical review was signed on March 1, 2014. It was for massage therapy for adhesive capsulitis of the shoulder. Per the records provided, the claimant injured the right shoulder on June 16, 2011 and is post surgery on May 13, 2013. The patient had postoperative physical therapy and he made progress. The request was for massage therapy for six sessions for the right shoulder. There was a right shoulder injury. The date of the request appears to be from April 8, 2014. Several hand written patient progress notes were provided. The diagnosis was a right shoulder sprain, extensive labral tear post reconstruction with four suture anchors with [REDACTED], and a follow on arthroscopy for decompression and lysis of adhesions for postoperative adhesive capsulitis on May 13, 2013. The role of the massage would be to reduce some of the muscle and shoulder girdle tightness. He does have arthritic changes in the shoulder which can lead to progressive contraction. He works as a police officer and wants to continue working and is trying to minimize his medicines.

### 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, QTY: 6 SESSIONS:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

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

**Decision rationale:** Regarding Massage therapy, the MTUS notes 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 followup. 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. In this case, objective functional benefit out of the first six sessions was not noted. Moreover, it is not clear it is being proposed as an adjunct to other treatment, such as exercise. The guides also suggest a six sessions limit. The request is appropriately non-certified.