

Case Number:	CM14-0040474		
Date Assigned:	06/27/2014	Date of Injury:	12/15/2011
Decision Date:	07/29/2014	UR Denial Date:	04/03/2014
Priority:	Standard	Application Received:	04/07/2014

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 and 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 42 year-old female with a 12/15/2011 date of injury. She has been diagnosed with pain in joint of shoulder and carpal tunnel syndrome. According to the 1/13/14 and 2/20/14 pain management reports from [REDACTED], the patient presents with 9/10 pain in the right shoulder, despite occupational therapy (OT), chiropractic care, use of Lidocaine patches, Methoderm gel, and Butrans patches. The 3/21/14 medical report from [REDACTED] was not provided for this IMR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional massage therapy X 8, right shoulder: Upheld

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the MTUS: Chronic Pain Medical Treatment Guidelines, Massage Therapy, page 60.

Decision rationale: The patient is a 42 year-old female with a 12/15/2011 date of injury. She has been diagnosed with pain in joint of shoulder and carpal tunnel syndrome. According to the 1/13/14 and 2/20/14 pain management reports from [REDACTED], the patient presents with 9/10 pain

in the right shoulder, despite occupational therapy (OT), chiropractic care, use of Lidocaine patches, Mentherm gel, Butrans patches. The 3/21/14 medical report from [REDACTED] that requested the massage therapy was not provided for this IMR. This IMR is for additional massage therapy x8 for the right shoulder. The California MTUS states massage therapy should be limited to 4-6 sessions, and should be used as an adjunct to other therapy. The additional 8 sessions when combined with the prior 6 sessions, that were noted, will exceed the MTUS guidelines. The request is not in accordance with MTUS guidelines. Therefore, the additional massage therapy x 8 for the right shoulder is not medically necessary.