MAXIMUS Federal Services

Case Number:	CM14-0046129		
Date Assigned:	07/02/2014	Date of Injury:	03/12/2013
Decision Date:	08/20/2014	UR Denial Date:	03/14/2014
Priority:	Standard	Application Received:	04/14/2014

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 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 claimant was injured on 03/12/13 when she fell. Massage therapy is under review. The neck and bilateral shoulders were injured. The claimant was seen on 02/12/14 and her pain level was 6/10 with stiffness and limited motion of the neck. Her pain was worse on the right. She had right arm pain associated with occasional numbness. The diagnoses were sprain of the cervical spine and radiculitis with internal derangement of the right shoulder and tendinitis of both shoulders. She was taking Tylenol, Advil, Omeprazole, and Ibuprofen. She attended physical therapy which helped. Massage therapy was ordered. On 02/12/14, she was attending therapy and was working. Massage therapy was recommended 1-2 times per week for 8 sessions. On 02/13/14, she had AME (Agreed Medical Evaluation). There is a note that indicates that she had massage in therapy and the therapy was beneficial. On 03/07/14, she was attending therapy which helped to reduce the pain. On 04/09/14, she saw [redacted]. She was able to return to modified work. On 05/21/14, she saw [redacted] and had an impairment rating. She has had extensive treatment since her injury. In August 2013, the diagnoses included cervical spine and right upper trapezial sprain with a disc protrusion at C6-7 effacing the thecal sac and causing mild left neural foraminal narrowing. There was underlying DDD (Degenerative Disk Disease). She also had a right shoulder sprain with supraspinatus tendinosis and bursitis. There was an effusion. There was osteoarthropathy of the AC (Acromioclavicular) joint and biceps tenosynovitis. She also had a left shoulder sprain with similar findings. She had a right wrist sprain, thoracic sprain, and lumbosacral sprain superimposed on early disc desiccation and a disc protrusion at L4-5 indenting the thecal sac with left neuroforaminal narrowing. She received future medical. On 05/21/14, she saw [redacted] and was taking ibuprofen which helped. She was not attending therapy. She still had constant neck pain that traveled down her right shoulder and arm occasional numbness and tingling. Her right shoulder pain was constant

and she had blocking with a lot of pain. Her left shoulder pain was better. Her medications were continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Message Therapy sessions for Cervical and Bilateral Shoulder: 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): 94.

Decision rationale: The history and documentation do not objectively support the request for 8 visits of massage therapy. The MTUS state massage therapy is 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. 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. This lack of long-term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. (Hasson, 2004) A very small pilot study showed that massage can be at least as effective as standard medical care in chronic pain syndromes. Relative changes are equal, but tend to last longer and to generalize more into psychologic domains. (Walach 2003) The strongest evidence for benefits of massage is for stress and anxiety reduction, although research for pain control and management of other symptoms, including pain, is promising. The physician should feel comfortable discussing massage therapy with patients and be able to refer patients to a qualified massage therapist as appropriate. (Corbin 2005) Massage is an effective adjunct treatment to relieve acute postoperative pain in patients who had major surgery, according to the results of a randomized controlled trial recently published in the Archives of Surgery. (Mitchinson, 2007) In this case, the claimant has had massage in conjunction with her therapy and she stated that the therapy helped. It is not clear how much massage she had at that time but the MTUS allow up to 6 visits. She has been helped with therapy but there is no evidence that she has continued an independent home exercise program as would be expected. It is not clear that massage therapy is likely to provide her with significant and sustained benefit based on the totality of her treatment to date and the chronicity of her complaints. Therefore, the request of eight (8) Message Therapy sessions for Cervical and Bilateral Shoulder are not medically necessary and appropriate.