

Case Number:	CM14-0190387		
Date Assigned:	11/21/2014	Date of Injury:	09/16/2008
Decision Date:	01/09/2015	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/14/2014

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 Internal Medicine, has a subspecialty in Nephrology 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 63-year-old male who has submitted a claim for status post total left shoulder replacement and left shoulder impingement associated with an industrial injury date of 9/16/2008. Medical records from 2014 were reviewed. The patient complained of left shoulder pain rated 3/10 in severity aggravated by lifting and movement. He reported symptom relief from massage therapy. Physical examination of the left shoulder showed a well-healed scar and limited motion. The anterior apprehension test, Hawkin's test and cross body test were negative. Treatment to date has included left shoulder replacement on 2009, physical therapy, acupuncture and medications. The utilization review from 10/30/2014 denied the request for massage therapy because of no clear documentation concerning number of previous massage therapy visits as well as functional improvement derived from it.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG

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

Decision rationale: According to page 60 of the CA MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. 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. In this case, the patient complained of left shoulder pain rated 3/10 in severity status post left shoulder replacement. He reported symptom relief from massage therapy. Physical examination of the left shoulder showed a well-healed scar and limited motion. The anterior apprehension test, Hawkin's test and cross body test were negative. However, there is no mention concerning number of massage therapy sessions completed as well as objective functional improvement associated with massage. Moreover, the present request as submitted failed to specify intended number of therapy sessions. Therefore, the request for massage therapy is not medically necessary.