

Case Number:	CM14-0194508		
Date Assigned:	12/02/2014	Date of Injury:	09/26/2012
Decision Date:	01/16/2015	UR Denial Date:	11/04/2014
Priority:	Standard	Application Received:	11/20/2014

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 Family 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:

This is a 52 year old male patient who sustained a work related injury on 9/26/2012. Patient sustained the injury due to cumulative trauma. The current diagnoses include rotator cuff syndrome and lumbar disc displacement. Per the doctor's note dated 10/27/14 patient had complaints of shoulder pain, neck pain, and back pain. Physical examination of the right shoulder revealed active forward elevation that was significantly less than passive, muscle motor strength was 4/5 to the infraspinatus and supraspinatus, all stability tests were negative, Impingement. Sign was positive, cross arm test was negative, acromioclavicular joint was non-tender, Hawkin's sign was positive, and tenderness to the subacromial space. Physical examination of the neck revealed full range of motion with no motor or sensory deficits in either upper extremity. Physical examination of the low back revealed stiffness and low back pain. The current medication lists include Robaxin and Norco. The patient has had magnetic resonance imaging of the lumbar spine dated 10/29/12 that revealed at level L5-S1 there was a broad-based central/left paracentral disc protrusion (6mm anterior posterior, 20mm medial/lateral) which displaced the descending left S1 nerve root; MR arthrogram of the right shoulder on 12/13/13 that revealed Small superior glenoid/labral tear, mild interarticular biceps tendinosis without tearing; MRI of the right shoulder on 11/12/13 that showed acromioclavicular (AC) joint arthrosis and osteophyte formation that was mild. The surgical history included C5-6 fusion in 2008 and subacromial decompression for impingement for a partial tear; left knee surgery in 2009. The patient had undergone a lumbar epidural steroid injection (ESI) to L5-S1 on 7/28/14. The patient has received an unspecified number of the PT visits for this injury. The patient had completed 6 sessions of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Message therapy to the right shoulder and lumbar spine 6 sessions over 4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Message therapy Page(s): 60.

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

Decision rationale: Per the CA MTUS guidelines cited below regarding massage therapy "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. 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."The cited guidelines recommend massage therapy should be limited to 4-6 visits in most cases. The patient had completed 6 sessions of massage therapy. The requested additional visits in addition to the previously rendered massage visits are more than recommended by the cited criteria. The records submitted contain no accompanying current massage therapy evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous massage visits that is documented in the records provided. Previous massage visit notes were not specified in the records provided. The details of PT done since the date of injury were not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Massage therapy to the right shoulder and lumbar spine 6 sessions over 4 weeks is not fully established in this patient.