

<b>Case Number:</b>	CM14-0196432		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	09/15/1997
<b>Decision Date:</b>	11/05/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/21/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 63 year old male, who sustained an industrial-work injury on 9-15-97. A review of the medical records indicates that the injured worker is undergoing treatment for cervicgia, headaches and bilateral shoulder pain. Medical records dated (5-16-14 to 11-3-14) indicate that the injured worker complains of neck pain, headaches, thoracic pain and bilateral shoulder pain. Per the treating physician reports dated (5-16-14 to 11-3-14) there is no subjective or objective complains noted and the work status is not indicated. There is no previous treatments noted in the records and there is no diagnostic reports noted. The request for authorization date was 11-3-14 and requested service included 24 massage therapy sessions for the right shoulder as an outpatient. The original Utilization review dated 11-10-14 non-certified the request for 24 massage therapy sessions for the right shoulder as an outpatient.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**24 massage therapy sessions for the right shoulder as an outpatient: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** The claimant has a remote history of a work injury occurring in September 1997 and continues to be treated for bilateral shoulder and neck pain and headaches. When seen, there were no subjective complaints or objective findings recorded. Diagnoses work neck pain, thoracic pain, bilateral shoulder pain, and headaches. Authorization was requested for x-rays of the cervical spine and 24 massage therapy sessions. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case, the number of treatment sessions is in excess of guideline recommendations and no adjunctive treatment is referenced. There are no recorded complaints or examination findings. The request is not medically necessary.