

Case Number:	CM14-0203548		
Date Assigned:	12/16/2014	Date of Injury:	04/03/2013
Decision Date:	02/06/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/05/2014

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 Rehabilitation 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 injured worker is a 55 year old female with a date of injury of April, 3, 2013. Results of the injury include pain to the right shoulder. Diagnosis includes status post right shoulder arthroscopic examination and repair of the rotator cuff with Mumford Procedure and adhesive capsulitis right shoulder. Treatment has included surgery, ice, heat, physical therapy, exercises, ibuprofen, and tramadol. Progress report dated September 25, 2014 (29) showed the incision site was well healed. Range of motion was assessed at 170 degrees, abduction 170 degrees, and forward flexion with 50 degrees internal/external rotation. Motor strength was noted a 5/5 with forward flexion and abduction. The injured worker was noted as temporary partial disability. Treatment plan was to continue with home exercises. Utilization review form dated November 25, 2014 noncertified Massage therapy 2 x 4 to the right shoulder based on MTUS treatment guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2 x 4 to the right shoulder: Upheld

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

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

Decision rationale: The patient presents with pain to the right shoulder status post right shoulder arthroscopic examination and repair of the rotator cuff with Mumford Procedure and adhesive capsulitis right shoulder. The current request is for massage therapy 2 x 4 to the right shoulder. The treating physician states that the patient has significant improvement in regards to his right shoulder. He has now established near full range of motion and has little to no pain. The MTUS guidelines supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. Massage is also an effective adjunct treatment to relieve acute postoperative pain. However, in this case, the treating physician has requested a total number of 8 visits for massage therapy, which exceeds recommended guidelines. Recommendation is for denial.