MAXIMUS Federal Services

Case Number:	CM14-0204868		
Date Assigned:	12/17/2014	Date of Injury:	07/25/2012
Decision Date:	02/05/2015	UR Denial Date:	11/26/2014
Priority:	Standard	Application Received:	12/08/2014

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 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 an injured worker with a history of right shoulder injury. Regarding the mechanism of injury, while moving a printer, he injured his right shoulder. The patient is status post to right shoulder surgeries in 2003 and 2013. Date of injury was July 25, 2012. MRI magnetic resonance imaging performed on September 25, 2012 demonstrated moderate tendinosis in the supraspinatus with a superior labral tear from anterior to posterior (SLAP) tear. On January 12, 2013, the patient had surgical repair of a 50% partial thickness anterior supraspinatus rotator cuff tear and repair of the SLAP lesion and arthroscopic distal clavicle excision of Mumford procedure and acromioplasty. The primary treating physician's progress report dated September 26, 2014 documented that the patient completed six sessions of massage therapy and found massage therapy to be very beneficial. The patient demonstrated significant improvement in pain and range of motion with massage therapy in conjunction with physical therapy. The patient care and evaluation report dated September 26,2014 documented that the patient was referred for six session massage therapy trial with an approval date August 13, 2014. This patient has received massage therapy since August 28, 2014 for a work related injury. Patient's history right shoulder surgical repair in 2003 and in 2013. Patient complained of remarkable pain and restriction in right shoulder extending into upper thoracic region and up into lower cervical region with muscle spasms. Patient has decreased range of motion. Current medications are Norco, Flexeril, and Celebrex. After six session massage therapy patient expressed having significant improvement in pain levels and in range of motion. Patient feels in his opinion the massage trial has been found to be beneficial to his recovery. The patient express continued muscle spasms but not as frequent as he had before massage therapy sessions. He complains of ongoing tenderness and pain over the right trapezius muscle and right shoulder. He still has limited range of motion but has noticed some improvement in his overall range of

motion. During the patient's initial visit a full complete history and evaluation was performed. Finding remarkable decreased range of motion in right shoulder. Palpation examination of upper thoracic region and of right shoulder revealed acute muscle tension and myofascial restrictions right side in trapezius, rhomboid, supraspinatus, and infraspinatus muscles. Patient complained of severe tenderness in right trapezius muscle and in right infraspinatus. Palpation examination of the upper right arm region revealed severe muscle tension and myofascial restrictions in deltoid muscle and upper triceps muscle. Moderately severe muscle spasms present. Patient complained of moderate tenderness. Palpation examination of the cervical region revealed severe muscle tension and myofascial restrictions in the cervical paraspinal musculature, cervical region muscles starting at base of neck and upper right shoulder extending up right side of cervical region including but not limited to upper trapezius muscle and sternocleidomastiod muscle. Patient complained of moderate tenderness right side at base of neck. Limited range of motion in cervical spine turning head to right stops at approximately 60% of range of motion and to left stops at approximately 80% of range of motion. After six session massage therapy, patient has shown improvement, palpation examination of upper thoracic region and of right shoulder revealed severe muscle tension and myofascial restrictions right side in trapezius, rhomboid, supraspinatus, and infraspinatus muscles. Patient complained of mild tenderness in right trapezius and in right infraspinatus. Palpation examination of the upper right arm region revealed mild muscle tension and myofascial restrictions in deltoid and upper triceps. Minimal muscle spasms present. Patient complained of mild tenderness. Palpation examination of the cervical region revealed moderate muscle tension and myofascial restrictions in the cervical paraspinal musculature, cervical region muscles starting at base of neck and upper right shoulder extending up right side of cervical region including but not limited to upper trapezius and sternocleidomastiod. Patient complained of mild tenderness right side at base of neck. Patient shows some increased range of motion in cervical spine turning head to right and to left. The treatment plan included massage therapy techniques including but not limited to; effleurage, compression, crossfiber, petrissage, kneading, skin rolling, stripping, vibration, trigger point and myofascial release techniques on the right shoulder. The recommendation was that the patient continue with massage therapy. The patient finds massage therapy beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy - right shoulder, quantity 6: Overturned

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; Physical Therapy (PT) Physical Medicine Page(s): 60, 98-99,Postsurgical Treatment Guidelines Page(s): 26-27.

Decision rationale: The Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines indicates that massage therapy is recommended as an option. Massage is beneficial in attenuating diffuse musculoskeletal symptoms. The Medical Treatment Utilization Schedule (MTUS) addresses post-operative physical therapy (PT) physical medicine. The Post-

surgical Treatment Guidelines state that for rotator cuff syndrome, 24 visits of postsurgical physical therapy are recommended. MTUS Chronic Pain Medical Treatment Guidelines provide physical therapy (PT) physical medicine guidelines. For myalgia and myositis, 9-10 visits are recommended. For neuralgia, neuritis, and radiculitis, 8-10 visits are recommended. Medical records documented a history of right shoulder injury and two past shoulder surgeries. MRI magnetic resonance imaging performed on September 25, 2012 demonstrated moderate tendinosis in the supraspinatus with a superior labral tear from anterior to posterior (SLAP) tear. On January 12, 2013, the patient had surgical repair of a 50% partial thickness anterior supraspinatus rotator cuff tear and repair of the SLAP lesion and arthroscopic distal clavicle excision of Mumford procedure and acromioplasty. The primary treating physician's progress report dated September 26, 2014 documented that the patient completed the first six sessions of massage therapy and demonstrated significant improvement in pain and range of motion with massage therapy. The massage therapist's detailed progress report dated September 26,2014 documented that with the first six sessions of massage therapy, the patient experienced significant improvement in pain levels and in range of motion. The massage therapist's detailed progress report documented objective evidence of improvement with massage therapy, and recommended additional massage therapy sessions. Because the medical records document objective evidence of significant improvement in the patient's shoulder condition with massage therapy, the request for six additional massage therapy sessions is supported by the medical records. Therefore, the request for massage therapy - right shoulder, quantity 6 is medically necessary.