

<b>Case Number:</b>	CM14-0207640		
<b>Date Assigned:</b>	12/19/2014	<b>Date of Injury:</b>	08/31/2012
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/11/2014

### 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 and strain. The date of injury was August 31, 2012. The mechanism of injury occurred when she fell during an altercation with another person. There was injury to the right shoulder. The diagnoses were right shoulder strain, myofascial pain syndrome, and cervical strain. Treatment has included medical office visits and diagnostics. The progress report dated November 19, 2014 noted that the patient complains of intermittent neck pain rated as a 3-4/10 on a visual analogue scale. She complains of right shoulder pain with radiation to the shoulder. She also reports numbness and tingling sensation. Objectively, there was cervical spasm noted with tenderness and decreased range of motion. There is right shoulder tenderness and swelling with decreased range of motion. The pain management evaluation report dated November 19, 2014 documented prior treatments included medications, physical therapy, and chiropractic. The patient reports no known drug allergies. The patient uses Motrin. The patient is single. The patient complained of intermittent neck pain. The patient reports sensation in the hand and fingers. The patient describes the nature of the pain as a dull pain. The pain is aggravated by repetitive head motions activity. The patient complains of intermittent right shoulder pain with radiation to the shoulder. The patient reports numbness and tingling sensation. The patient describes the nature of the pain as a stabbing pain. The pain is aggravated by the arm function, hand function, and activity. Diagnoses were right shoulder strain, myofascial pain syndrome, cervical sprain and strain. Treatment plan was documented. Acupuncture was requested. The request for authorization dated November 19, 2014 noted request for infrared and myofascial release.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Infa-red treatment x 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation ACOEM 3rd Edition. Shoulder disorders. In: Hegmann KT, editor(s). Occupational medicine practice guidelines. Evaluation and management of common health problems and functional recovery in workers. 3rd ed. Elk Grove Village (IL): American College of Occupational and Environmental Medicine (ACOEM); 2011. p. 1-297. Table 2. Summary of Recommendations for Managing Shoulder Disorders <http://www.guideline.gov/content.aspx?id=36626>.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) addresses physical modalities. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 9 Shoulder Complaints states that physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasound treatment, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high-quality medical studies. ACOEM 3rd Edition does not recommend infrared therapy for shoulder disorders. Medical records document right shoulder injury and strain. Infrared therapy was requested. ACOEM guidelines do not support infrared therapy for shoulder disorders. Therefore, the request for Infa-red treatment x 1 is not medically necessary.

**Myofascial release x 1 session (unspecified): Upheld**

**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 Page(s): 60.

**Decision rationale:** Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that massage therapy should be an adjunct to other recommended treatment, and it should be limited to 4-6 visits. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. There is a lack of long-term benefits. Medical records document right shoulder injury and strain. The request for authorization dated November 19, 2014 documented a request for myofascial release, without specification of the number of treatments. MTUS guidelines do not support massage therapy, without limitations on visits. Without the number of treatments specified, the request for myofascial release is not supported by MTUS guidelines. Therefore, the request for Myofascial release x 1 session (unspecified) is not medically necessary.

