

Case Number:	CM15-0001461		
Date Assigned:	01/12/2015	Date of Injury:	12/02/2013
Decision Date:	03/12/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 58-year-old male who reported an injury on 11/18/2014 when a large trash container started rolling towards the car he ran after and tried to stop it and he was knocked down and fractured his left shoulder and injured his back. The clinical note dated 12/04/2014 noted that the injured worker had benefit from a previous aquatic therapy session. Current medications included aspirin, lovastatin, Lisinopril, metoprolol, citalopram, allopurinol, omeprazole, and Naprosyn. Examination of the left shoulder revealed range of motion values of 145 degrees of forward flexion, 140 degrees of abduction, 50 degrees of external rotation and internal rotation to the upper lumbar spine. There is mild pain with impingement testing of the left shoulder. There was resisted strength about 4+/5 noted. The diagnoses were left impingement syndrome, left bicipital tenosynovitis, left rotator cuff tear, and left fracture of the greater tuberosity humerus. The provider recommended 8 sessions of deep tissue massage therapy. There was no rationale provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 sessions Deep Tissue Massage Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Low Back Complaints, Massage Therapy.

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

Decision rationale: The request for 8 sessions deep tissue massage therapy is not medically necessary. The California MTUS Guidelines state massage therapy is recommended as an option, and should be used as an adjunct to other recommended treatments, such as exercise. Treatments should be limited to 4 to 6 visits in most cases. There is a lack of long term benefits related to massage therapy. The strongest evidence for benefits of massages were for stress and anxiety reduction. There is no evidence of an adjunct form of exercise therapy noted to be used with the recommended massage therapy. Additionally, the provider's request exceeds the guideline recommendations. The provider does not state the body part at which the massage therapy was indicated for in the request as submitted. As such, medical necessity has not been established.