

Case Number:	CM15-0005458		
Date Assigned:	01/16/2015	Date of Injury:	09/13/2010
Decision Date:	04/10/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	01/11/2015

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

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 51 year old female, who sustained an industrial injury on 09/13/2010. The diagnoses have included right shoulder strain. Treatments to date have included pool therapy, chiropractic therapy, and medications. Diagnostics to date have included computed tomography of the right shoulder that showed no bony abnormalities. In a progress note dated 10/13/2014, the injured worker presented with complaints of right shoulder pain. The treating physician reported the injured worker did not complete chiropractic treatment and continues to have interscapular region. Utilization Review determination on 12/03/2014 non-certified the request for Massage Therapy citing Medical Treatment Utilization Schedule American College of Occupational and Environmental Medicine Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

Decision rationale: According to the 09/15/2014 report, this patient presents with right shoulder pain. The current request is for Massage therapy. The request for authorization is on 11/26/2014 with the request for Massage therapy at Club Sport 6 visits. For massage therapy, the MTUS guideline page 60, recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In reviewing the provided reports, the treating physician states that the patient had a free massage at her gym and noted excellent response and now interested in massage. In this case, the provided reports do not show any sessions of massage therapy. Given that the current reports make no reference to a recent course therapy, a short course may be reasonable. However, this IMR request is for an unknown quantity of sessions which is not supported by the MTUS guidelines. The requested Massage therapy 6 visits IS NOT medically necessary.