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| <b>Case Number:</b>   | CM15-0102683 |                              |            |
| <b>Date Assigned:</b> | 06/05/2015   | <b>Date of Injury:</b>       | 05/02/2014 |
| <b>Decision Date:</b> | 07/07/2015   | <b>UR Denial Date:</b>       | 05/19/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/29/2015 |

### 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, Indiana, New York  
Certification(s)/Specialty: Internal Medicine

### 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 41-year-old male injured worker suffered an industrial injury on 05/02/2014. The diagnoses included shoulder joint pain, cervical strain and right knee meniscal tear. The injured worker had been treated with massage therapy and medications. On 5/13/2015, the treating provider reported a shoulder and knee injury. He reported he always had periscapular pain. The provider reported he gave him 2 injections with deep tissue massage that really helped. On exam, the shoulder range of motion actually improved but did have residual tenderness. The treatment plan included Massage therapy and Massage chair.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy, 2 times wkly for 3 wks, 6 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage therapy.

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, massage therapy two times per week times three weeks (six sessions) is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment; especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnosis is joint pain shoulder. Subjectively, according to a May 13, 2015 progress note, the worker received six physical therapy sessions that "helped a lot". Massage helped. Massage helps more than patches. Objectively, the documentation states left periscapular with + scar tissue. There is no musculoskeletal examination of the neck, back or shoulders. There is no neurologic evaluation. The number of massage therapy sessions to date is not documented in the medical record. Besides therapy should be limited to 4-6 sessions. There is no compelling clinical documentation for additional massage therapy. Consequently, absent clinical documentation of prior massage therapy, total number of massage therapy sessions, massage therapy two times per week times three weeks (six sessions) is not medically necessary.

**Massage chair, purchase:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and leg section, DME.

**Decision rationale:** Pursuant to the Official Disability Guidelines, massage chair purchase (DME) is not medically necessary. Durable medical equipment is recommended generally if there is a medical need and the device or system meets Medicare's definition of durable medical equipment. Most bathroom and toilet supplies do not customarily serving medical purpose and are primarily used for convenience in the home. The term DME is defined as equipment which: can withstand repeated use; is primarily and customarily served medical purpose; generally is not useful to a person in the absence of illness or injury; and is appropriate for use in the patient's home. In this case, the injured worker's working diagnosis is joint pain shoulder. Subjectively, according to a May 13, 2015 progress note, the worker received six physical therapy sessions that "helped a lot". Massage helped. Massage helps more than patches. Objectively, the documentation states left periscapular with + scar tissue. There is no musculoskeletal examination of the neck, back or shoulders. There is no neurologic evaluation. A massage chair does not customarily serve a medical purpose. Additionally, a massage chair is useful to a person in the absence of illness or injury. There is no clinical indication or rationale for a home massage chair for purchase based on the medical record documentation. Consequently, absent clinical documentation with the clinical indication and rationale for a home massage chair meeting DME criteria, massage chair purchase (DME) is not medically necessary.

