

<b>Case Number:</b>	CM15-0105110		
<b>Date Assigned:</b>	06/09/2015	<b>Date of Injury:</b>	06/30/2003
<b>Decision Date:</b>	07/10/2015	<b>UR Denial Date:</b>	04/29/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/01/2015

### 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: Emergency 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 injured worker is a 52 year old male patient who sustained an industrial injury on 06/30/2003. The accident was described as while working performing stocking duties in a grocer he suffered cumulative trauma over time with the repetitive above the shoulder motions, overhead lifting and heavy lifting items. Previous conservative treatment to include: epidural steroid injections, acupuncture session, surgical intervention 09/17/2012. He has also undergone a magnetic resonance imaging study of the left shoulder, a course of physical therapy and continues performing home exercises. The MRI done on 02/27/2012 showed: rotator cuff tendinosis without full-thickness tear; acromioclavicular joint degenerative change and morphology resulting in the narrowing of the osseous acromial outlet; interior labral tear with adjacent multiloculated paralabral, and intraarticular long head of the biceps tendon tendinosis. A primary treating office visit dated 04/16/2015 reported subjective complaint of neck and bilateral shoulder pain. He states the pain has increased in intensity since the last visit. There is now radiation of the neck pain into cervicobrachial regions as well as the anterior portion of the left chest and left clavicle region. He admits to an increased activity at work that requires repetitive use of upper extremities. There have been 6 session of chiropractic therapy completed with noted benefit. Current medication regimen included: Norco, Naproxen, Protonix, and Ambien. The plan of care noted the patient to undergo additional massage therapy and chiropractic treatment. The following diagnoses are applied: pain in joint shoulder; neck pain; long term us medications, and therapeutic drug monitor. A follow up visit dated 03/05/2015 showed subjective complaint of having for the past several weeks he noted extreme muscle

tightness around the cervical spine, this is worse with lying down at night. The patient remains permanent and stationary with permanent disability. By 02/09/2015 the patient had undergone 6 sessions of chiropractic treatment and stated extremely beneficial with noted decreased pain by at least 40% lasting for approximately one week. He was working fulltime in February.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **6 sessions of massage therapy: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The requested 6 sessions of massage therapy, is not medically necessary. CA Medical Treatment Utilization Schedule (MTUS) 2009: Chronic Pain Treatment Guidelines, Page 60, Massage therapy, recommends massage therapy as an option and "This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6visits in most cases." The injured worker has neck and bilateral shoulder pain. He states the pain has increased in intensity since the last visit. There is now radiation of the neck pain into cervicobrachial regions as well as the anterior portion of the left chest and left clavicle region. He admits to an increased activity at work that requires repetitive use of upper extremities. There have been 6 session of chiropractic therapy completed with noted benefit. The treating physician has not documented the injured worker's participation in a dynamic home exercise program or other programs involving aerobic and strengthening exercise. The criteria noted above not having been met, 6 sessions of massage therapy is not medically necessary.

#### **6 sessions of chiropractic treatment: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines manual therapy & manipulation. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation, Pages 58-59 Page(s): 58-59.

**Decision rationale:** The requested 6 sessions of chiropractic treatment , is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Manual Therapy and Manipulation, Pages 58-59, recommend continued chiropractic therapy and bilateral shoulder pain. He states the pain has increased in intensity since the last visit. There is now radiation of the neck pain into cervicobrachial regions as well as the anterior portion of the left chest and left clavicle region. He admits to an increased activity at work that requires repetitive use of upper extremities. There have been 6 session of chiropractic therapy completed with noted benefit. The treating physician has not documented objective evidence of derived functional benefit from completed chiropractic sessions, such restrictions or reduced medical treatment dependence. The criteria noted above not having been met, 6 sessions of chiropractic treatment is not medically necessary.