

Case Number:	CM15-0105177		
Date Assigned:	06/09/2015	Date of Injury:	06/18/2009
Decision Date:	07/15/2015	UR Denial Date:	05/26/2015
Priority:	Standard	Application Received:	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, Hawaii
 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 46 year old female, who sustained an industrial injury on 06/18/2009, resulting in chronic intractable axial neck pain, right trapezial pain and right arm achiness industrially aggravated. On provider visit dated 04/22/2015 the injured worker has reported pain in right shoulder, pain with any use/movement was noted, and neck pain and headache that extended into occipital area. On examination revealed positive spasm right trapezius was noted to be tender. Positive Hawkins, Nears and crossover signs were noted. Range of motion was noted to be slightly limited. The diagnoses have included cervical strain possible radiculopathy, right shoulder impingement syndrome and lumbar strain possible sacroilitis possible lower radiculopathy. Treatment to date has included medication, chiropractic therapy, acupuncture, physical therapy, epidural injections, and radiofrequency ablation. The injured worker was noted to undergo multiple diagnostic tests. The provider requested Massage therapy 2xWk x 3Wks for the cervical spine and right shoulder for bursitis and impingement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2xWk x 3Wks for the cervical spine & right shoulder: Overturned

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: The patient presents with pain affecting the neck and right shoulder. The current request is for Massage therapy 2xWk x 3Wks for the cervical spine & right shoulder. The treating physician report dated 5/8/15 (15B) notes a request for 6 sessions of massage therapy for pain and spasms in the neck and right trapezius. The MTUS guidelines page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. The medical reports provided, do not show that the patient has received prior massage therapy visits. In this case, the patient presents with pain affecting the neck and right shoulder which has not improved with other conservative treatment and the current request of 6 sessions of massage therapy does not exceed the 4-6 session recommended by the MTUS guidelines. Furthermore, the treating physician is requesting massage therapy as an adjunct to medication therapy. The current request satisfies the MTUS guidelines as outlined on page 60. The current request is medically necessary.