

<b>Case Number:</b>	CM15-0017662		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	04/17/2015	<b>UR Denial Date:</b>	01/22/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 59 year old female, who sustained an industrial injury on 5/13/11. She has reported neck and right shoulder pain. The diagnoses have included rotator cuff sprain and pain in joint of shoulder. Treatment to date has included acupuncture and oral medications. As of the PR2 dated 12/18/14, the injured worker reported 9/10 pain in the neck and right shoulder. The treating physician noted decreased range of motion and pain with movement of the right shoulder. The treating physician requested massage therapy x 8 sessions. On 1/22/15 Utilization Review modified a request for massage therapy x 8 sessions to massage therapy x 6 sessions. The utilization review physician cited the MTUS chronic pain treatment guidelines. On 1/29/15, the injured worker submitted an application for IMR for review of massage therapy x 8 sessions.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**8 sessions of Massage Therapy to the Right Shoulder:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60.

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

**Decision rationale:** 8 sessions of massage therapy to the right shoulder are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines as written. The guidelines state that massage should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. The request exceeds the recommended number for visits for massage. The request for massage therapy for the right shoulder is not medically necessary as written.