MAXIMUS Federal Services

Case Number:	CM15-0018415		
Date Assigned:	02/06/2015	Date of Injury:	05/31/2007
Decision Date:	04/06/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	01/30/2015

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, Arizona
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 50-year-old female who reported an injury on 05/31/2007. The mechanism of injury was not stated. The current diagnoses include adhesive capsulitis, cervical brachial syndrome and chronic pain syndrome. The injured worker presented, on 01/12/2015, for a follow up evaluation with complaints of neck and left shoulder pain. The injured worker also reported symptoms of depression. The injured worker utilized ibuprofen on an occasional basis. Upon examination, there were severe spasms noted in the left paraspinal and trapezius muscles, limited cervical range of motion, and limited left shoulder range of motion with stiffness and numbness with radiating pain into upper extremity. Recommendations included cognitive behavioral therapy, 4 sessions of massage therapy and a prescription for Prilosec 20 mg. It was noted that the massage therapy would be used as an adjunct to the current home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy x4 Sessions C/S: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG, Work Loss Data Institute.

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

Decision rationale: California MTUS Guidelines state massage therapy is recommended as an option as indicated. This treatment should be an adjunct to other recommended treatment, including exercise, and should be limited to 4 to 6 visits in most cases. This request was previously denied as there was no indication that this patient was participating in an exercise program to be used in conjunction with massage therapy. However, it was noted on the requesting date of 01/12/2015, the injured worker had not previously tried massage therapy in the past, and it would be used as an adjunct to the current home exercise program. The request for 4 sessions of massage therapy does fall within guideline recommendations. Upon examination, there was evidence of severe spasm in the left cervical paraspinal and trapezius muscles with limited range of motion of the cervical spine with discomfort. Given the above, the medical necessity has been established in this case. As such, the request is medically appropriate at this time.