

Case Number:	CM15-0130053		
Date Assigned:	07/16/2015	Date of Injury:	06/08/2012
Decision Date:	08/12/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	07/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old female who sustained a work related injury June 8, 2012, due to cumulative trauma. According to a primary treating physician's progress report, dated May 19, 2015, the injured worker presented with complaints of neck, lower back, bilateral shoulder, bilateral wrist, and bilateral hand pain. The pain in the neck is worsening and radiating to the right trapezius muscle with tightness and swelling. The lower back pain is frequent and rated 5 out of 10, and the same. The bilateral shoulder pain is rated 8 out of 10, and worsening. The bilateral wrist and hand pain is rated 4 out of 10, and associated with numbness. Physical examination revealed; decreased range of motion of the cervical spine, positive Spurling's on the right and decreased sensation 4+-5 on the right at C5, C6, and C7 only. There was decreased range of motion of the lumbar spine with tenderness and a positive Kemp's sign bilaterally. Examination of the bilateral shoulders revealed the right shoulder worse than the left with painful arc of 135 degrees, positive Neer's and Hawkins impingement sign. Examination of the bilateral wrists revealed positive Phalen's and Hawkins sign and positive Finkelstein. Diagnoses are multi-level disc disease at C4-C5, C5-C6 per MRI May 23, 2014; right shoulder partial tear supraspinatus and infraspinatus tendons per MRI May 23, 2014; bilateral upper extremity overuse syndrome; right carpal tunnel syndrome per electrodiagnostic study, dated June 3, 2014. Treatment plan included administration of a 5:1 cortisone injection to the right trapezius muscle, continue Tylenol #3 as needed, topical medication, and at issue, a request for authorization for massage therapy, cervical spine and bilateral shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, Cervical Spine, Bilateral Shoulders, 2 times wkly for 6 wks, 12 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 rationale: The claimant sustained a cumulative trauma injury work injury with date of injury in June 2012 and continues to be treated for neck and low back pain, and bilateral shoulder, wrist, and elbow pain. When seen, she was having worsening neck pain radiating to the right trapezius with tenderness and swelling. Physical examination findings included decreased cervical spine range of motion with paraspinal tenderness and Spurling's testing was positive on the right side. There was suboccipital tenderness and increased right trapezius muscle tone. There was pain with shoulder range of motion with positive impingement testing. Authorization for 12 sessions of massage therapy was requested. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case the number of treatment sessions is in excess of guideline recommendations and not medically necessary.