

Case Number:	CM15-0130423		
Date Assigned:	07/16/2015	Date of Injury:	04/25/2013
Decision Date:	08/19/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/07/2015

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 35 year old male, who sustained an industrial injury on 4/25/13. The injured worker has complaints of neck and right shoulder pain as well as headaches and light headedness. The documentation noted that there is tenderness over the cervical paraspinals on the right with myofascial restrictions appreciated and tenderness over the facet joints on the right. The diagnoses have included right shoulder pain and cervical discogenic pain. Treatment to date has included magnetic resonance imaging (MRI) of the cervical spine on 4/11/14 showed multilevel cervical spondylosis as described above with mild central spinal canal stenosis at C5-6 and early variable foraminal stenosis, moderate on the left at C5-6 and C6-7; cymbalta; prilosec; flexeril; cortisone injections; physical therapy and massage therapy. The request was for massage therapy for the right shoulder quantity 6 and balance and vestibular rehabilitation sessions quantity six.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy for the right shoulder QTY: 6.00: 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 neck and right shoulder pain as well as headaches and light-headedness. The current request is for Massage therapy for right shoulder QTY: 6.00. The treating physician states, in a report dated 06/15/15, "He is paying for massage therapy out of pocket but was told by the masseuse that the area that is causing the most pain is the right shoulder. He would like for us to request authorization for massage therapy for his right shoulder." (174B) The MTUS guidelines support 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. Massage is also an effective adjunct treatment to relieve acute postoperative pain. In this case, the treating physician states, "He has completed one round of massage therapy for his neck. He felt it reduced his pain by 50%. He has noticed increased range of motion and less headaches. He has been able to sleep better as well. We will request authorization for massage therapy for his right shoulder, once a week for six visits as he finds most of his pain in his right shoulder." As there has been noticeable functional improvement in the neck, and the request for massage therapy for the shoulder falls within the 4 to 6 visits recommended by MTUS, the current request is medically necessary.

Balance and vestibular rehabilitation sessions, QTY: 6.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head Chapter, Vestibular Physical Therapy Rehabilitation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head Chapter Vestibular PT rehabilitation.

Decision rationale: The patient presents with neck and right shoulder pain as well as headaches and light-headedness. The current request is for Balance and vestibular rehabilitation sessions QTY: 6.00. The treating physician states, in a report dated 06/15/15, "As per the recommendation of [REDACTED] we requested balance and vestibular rehab for lightheadedness, once a week for six visits." (174B) MTUS is silent on the matter of vestibular rehabilitation. ODG guidelines state, "Recommended for patients with vestibular complaints (dizziness and balance dysfunction), such as with mTBI/ concussion. Vestibular rehabilitation should be considered in the management of individuals post concussion with dizziness and gait and balance dysfunction that do not resolve with rest." In this case, the treating physician states, "He continues to have lightheadedness while driving. He was seen for a neurology consult on 3/26/15 with [REDACTED] We received the report which states he should have a repeat neuropsychological evaluation with the same doctor who did it last time to compare his results. We requested authorization for this as well as six more balance and vestibular rehabilitation visits." However, in the documents available for review, the treating physician has failed to document dizziness and balance dysfunction, and there is no record of a concussion. The current request is not medically necessary.

