MAXIMUS Federal Services

Case Number:	CM15-0139936		
Date Assigned:	07/29/2015	Date of Injury:	11/24/2010
Decision Date:	08/26/2015	UR Denial Date:	06/27/2015
Priority:	Standard	Application Received:	07/20/2015

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
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 53 year old female who sustained an industrial injury on 11/24/2010. There was no mechanism of injury documented. The injured worker was diagnosed with right shoulder adhesive capsulitis and impingement right shoulder, right hip trochanteric bursitis, osteoarthritis right hip and post lumbar laminectomy syndrome. The injured worker is status post lumbar laminectomy (no date documented). Treatment to date has included diagnostic testing with recent right shoulder magnetic resonance imaging (MRI) on April 24, 2015, acupuncture therapy, transcutaneous electrical nerve stimulation (TEN's) unit, lumbar epidural steroid injections, bicipital injection, shoulder girdle trigger point injections, psychological evaluation and therapy, physical therapy, home exercise program and medications. According to the primary treating physician's progress report on June 3, 2015, the injured worker continues to experience right arm pain rated as 6 out of 10 on the pain scale. Examination of the right shoulder demonstrated tenderness to palpation in the biceps groove and subdeltoid bursa. Hawkins and empty cans tests were positive. Motor examination noted grip, elbow and wrist strength to be within normal limits bilaterally. The right shoulder flexor and abduction were 4 out of 5 with normal motor strength of the left shoulder and bilateral shoulder adductions. Sensory and deep tendon reflexes were intact bilaterally. Examination of the hip noted tenderness over the trochanter with positive Faber test. Waddell's signs were negative. Current medications are listed as Pennsaid solution, Lidoderm Patch, Lorzone and Skelaxin. Treatment plan consists of gym membership with personal training services, physical therapy for the right hip, intra-articular hip injection, renal and hepatic blood work, hold Skelaxin and Lorzone, right shoulder injection and the current request for massage therapy once a week for 18 weeks to the right shoulder and the hip.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 1xWk x 18Wks to the right shoulder and the hip: Upheld

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 Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. Additionally, guidelines do not support an initial trial of 18 visits of massage therapy, and there is no provision to modify the current request. As such, the currently requested massage therapy is not medically necessary.