MAXIMUS Federal Services

Case Number:	CM15-0143130		
Date Assigned:	08/04/2015	Date of Injury:	10/14/2011
Decision Date:	09/08/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/22/2015

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

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 40 year old female, who sustained an industrial injury on 10-14-11. The injured worker was diagnosed as having cervical facet syndrome, tenosynovitis of hand and wrist, and spasm of muscle. Treatment to date has included physical therapy, a home exercise program, and medication. Physical examination findings on 5-20-15 included right shoulder tenderness with palpation in the right trapezius, rhomboids, and levator scapulae. A MRI of the right shoulder was noted to be negative. Currently, the injured worker complains of right shoulder, left arm, left wrist, and left shoulder pain. Numbness in the wrist was also noted. The treating physician requested authorization for massage therapy to the shoulders.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy to shoulders: 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 40 year old patient complains of pain in the lower back which has improved significantly with HEP and medications, as per progress report dated 05/20/15. The request is for MASSAGE THERAPY TO SHOULDERS. The RFA for the case is dated 05/08/15, and the patient's date of injury is 10/14/11. Diagnoses, as per progress report dated 05/20/15, included cervical facet syndrome, tenosynovitis of hand and wrist, and spasm of muscle. Current medications included Omeprazole, Ibuprofen and Voltaren gel. As per progress report dated 04/20/15, the patient complains of pain in right shoulder, left arm, left wrist, and to some extent in left shoulder, rated at 3/10 with medications and 8/10 without medications. The patient has been allowed to return to modified work, as per progress report dated 05/20/15. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. In this case, the patient has already been approved for massage therapy, as per progress report dated 03/23/15. In the report, the treater states that "She is approved for massage therapy but it has been difficult obtaining a massage therapist that accepts workers' comp." It is not clear why the treater is requesting for massage therapy again before the patient completes the pre-approved sessions. Additionally, the current request does not include quantity and duration of proposed treatment. Given the lack of relevant documentation, the request IS NOT medically necessary.