

Case Number:	CM15-0162189		
Date Assigned:	08/28/2015	Date of Injury:	01/15/2014
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	08/18/2015

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 46 year old female, who sustained an industrial injury on January 15, 2014. The injured worker was diagnosed as having shoulder joint pain, cervical degenerative disc disease (DDD) and cervical facet arthropathy. Treatment to date has included X-rays, acupuncture H-wave, medication, electromyogram, magnetic resonance imaging (MRI) and Transcutaneous Electrical Nerve Stimulation (TENS) unit. A progress note dated July 9, 2015 provides the injured worker complains of neck and shoulder pain radiating to the arms and hands with numbness and tingling. She reports acupuncture has brought her pain from 9 out of 10 to 7 out of 10. She rates her pain at the time of the office visit a 9 out of 10. Physical exam notes cervical tenderness to palpation, positive facet loading test and decreased range of motion (ROM). There is shoulder tenderness to palpation, crepitus, swelling throughout the shoulder blade and right hand weakness. The plan includes continued acupuncture and chiropractic treatment and massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage x 8 for cervical DDD: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy, p60.

Decision rationale: The claimant sustained a work injury in January 2014 and continues to be treated for shoulder and radiating neck pain with numbness and tingling. In January 2015 she had completed six physical therapy treatment sessions. When seen, there had been decreased pain after an initial acupuncture session. There were seven treatments remaining. Physical examination findings included a BMI of over 40. There was decreased cervical spine range of motion with positive facet loading and tenderness. There was decreased upper extremity strength and sensation. There was decreased shoulder range of motion bilaterally with crepitus and tenderness. Chiropractic and massage treatments were 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 initial treatment sessions is in excess of guideline recommendations. Acupuncture is already providing benefit and additional treatments are pending. The request is not medically necessary.