

<b>Case Number:</b>	CM15-0163224		
<b>Date Assigned:</b>	08/31/2015	<b>Date of Injury:</b>	02/20/2012
<b>Decision Date:</b>	10/05/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/19/2015

### 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 57 year old female who sustained an industrial-work injury on 2-20-12. She reported an initial complaint of low back and left shoulder pain. The injured worker was diagnosed as having lumbar sprain-strain, shoulder-arm sprain, lateral epicondylitis, and post-surgical state. Treatment to date includes medication, deep tissue massage (4 visits), and home exercise program. Currently, the injured worker complained of low back pain and left shoulder pain. Per the primary physician's report (PR-2) on 6-3-15, exam notes tenderness to palpation and stiffness at the left cervical paraspinals and trapezius, left rotation and tilt are restricted and painful, tenderness to deep palpation at the acromioclavicular joint and tenderness to palpation of the bilateral medial and lateral epicondyle and volar-dorsal aspect of the left wrist, and uncomfortable at the extreme range of motion of the left shoulder. The requested treatments include Outpatient Deep Tissue massage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Outpatient Deep Tissue massage 2 times a week for 3 weeks: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Massage Therapy Page(s): 60.

**Decision rationale:** Based on the 6/3/15 progress report provided by the treating physician, this patient presents with low back pain rated 8/10, swollen left shoulder pain radiating to left side of the neck, and left elbow pain radiating to the left arm. The treater has asked for OUTPATIENT DEEP TISSUE MASSAGE 2 TIMES A WEEK FOR 3 WEEKS but the requesting progress report is not included in the provided documentation. The request for authorization was not included in provided reports. The patient states that prolonged sitting aggravates the low back pain per 6/3/15 report. The patient states that medication and especially patches are effective for low back pain per 6/3/15 report. The patient is s/p 4 sessions of deep tissue massage with unspecified benefit per 6/3/15 report. The patient will continue on home exercise program per 5/6/15 report. The patient is currently working with restrictions as of 6/3/15 report. MTUS Massage Therapy section, page 60: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In progress report dated 6/3/15, the treater states the patient has completed 4 recent sessions of massage therapy but does not mention if it was effective for pain relief. MTUS limits massage therapy to 4-6 sessions as "Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment." Therefore, the request for an additional 6 sessions of massage therapy IS NOT medically necessary.