

<b>Case Number:</b>	CM15-0169666		
<b>Date Assigned:</b>	09/10/2015	<b>Date of Injury:</b>	09/16/2009
<b>Decision Date:</b>	10/13/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 male with an industrial injury dated 09-16-2009. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, cervical spondylosis without myelopathy, lumbosacral spondylosis without myelopathy, lumbago, cervicalgia, displacement of cervical intervertebral disc without myelopathy, generalized osteoarthritis involving multiple sites, and carpal tunnel syndrome. Treatment consisted of diagnostic studies, prescribed medications, physical therapy, massage therapy, medial branch block, transcutaneous electrical nerve stimulation (TENS) unit and periodic follow up visits. Medical records indicate chief complaints of bilateral lower back pain, left worse than right, lower back stiffness, numbness, tingling and pain radiating down right upper extremity, bilateral shoulder pain, neck pain and right wrist pain. In a progress report dated 08-14-2015, the injured worker reported pain in the right side of the suprascapular region of the neck with radiation into the right upper extremity and associated stiffness and occasional spasm. Objective findings revealed restricted cervical range of motion with pain, tenderness over mid and lower cervical facets greater on the right, antalgic gait, diminished sensation over right C6 distribution, and weakness with dorsiflexion and grip strength in the right upper extremity. Right shoulder exam revealed slightly diminished range of motion in the right shoulder. The treating physician prescribed services for clinical massage therapy 1x10, referral to ortho surgeon, and MRI of the right shoulder, now under review. Utilization Review determination on 08-24-2015, denied the request for clinical massage therapy 1x10, referral to ortho surgeon, and MRI of the right shoulder.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **Clinical massage therapy 1x10:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

**Decision rationale:** Massage therapy should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this case, the claimant had undergone an unknown amount of therapy sessions in the past. The request for 10 additional massage sessions exceeds the guidelines recommendations and is not medically necessary.

### **Referral to ortho surgeon:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, page 92.

**Decision rationale:** According to the guidelines, office visits are recommended as medically necessary. The determination is also based on what medications the patient is taking, since some medicines such as opiates, or medicines such as certain antibiotics, require close monitoring. As patient conditions are extremely varied, a set number of office visits per condition cannot be reasonably established. The determination of necessity for an office visit requires individualized case review and assessment, being ever mindful that the best patient outcomes are achieved with eventual patient independence from the health care system through self-care as soon as clinically feasible. A specialist referral may be made if the diagnosis is uncertain, extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise. A consultation is used to aid in diagnosis, prognosis, and therapeutic management, determination of medical stability, and permanent residual loss and/or examinees fitness for return to work. In this case, the claimant has persistent shoulder limitations with weakness and pain. The request for an orthopedic consultation is medically necessary.

### **MRI of the right shoulder:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

**Decision rationale:** According to the ACOEM guidelines, an MRI or arthrography of the shoulder is not recommended for evaluation without surgical considerations. It is recommended for pre-operative evaluation of a rotator cuff tear. Arthrography is optional for pre-operative evaluation of small tears. The claimant did not have acute rotator cuff tear findings. There was no plan for surgery. The claimant was awaiting an orthopedic consultation. The MRI request of the shoulder is not medically necessary.