

Case Number:	CM15-0182336		
Date Assigned:	09/23/2015	Date of Injury:	12/03/2002
Decision Date:	12/09/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/16/2015

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: Indiana, Michigan, 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 51 year old male who experienced a work related injury on December 3, 2002. Diagnoses include rotator cuff sprain, thoracic degenerative disc disease, lumbar strain and cervical strain. Treatment involved physical therapy, acupuncture and medications. No diagnostics were found in record review. The request is for eight deep tissue massage sessions for the left shoulder two times weekly for four weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 Deep tissue massage for left shoulder 2x4 weeks as outpatient: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. 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: The injured worker suffers from discomfort originating from a work related injury that occurred on December 3 2002. Treatment has involved physical therapy, acupuncture and medications which resolved the low back pain but the neck pain continued. This persistent

neck pain prompted a request for massage therapy. MTUS Guidelines recommend massage therapy as an option and to be used as an adjunct to other treatment and should be limited to 4 to 6 sessions. Though in this case the massage sessions would be an adjunct to other treatment modalities the request is for eight sessions as opposed to 4 to 6 sessions is not advocated by MTUS. Therefore, the request for eight deep tissue massage sessions for the left shoulder two times a week for four weeks is not medically necessary and appropriate.