

<b>Case Number:</b>	CM15-0188492		
<b>Date Assigned:</b>	09/30/2015	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	08/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/24/2015

### 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, Hawaii

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 63 year old female, who sustained cumulative industrial injuries from 04-22-1987 to 02-02-2009. She has reported subsequent neck and bilateral shoulder pain and was diagnosed with cervical spine strain and sprain with radiculitis and disc protrusion, status post cervical and right shoulder surgery, right shoulder adhesive capsulitis and post-traumatic post-surgical adhesive capsulitis of the left shoulder. Treatment to date has included pain medication, physical therapy, cervical and right shoulder surgery and epidural decompression neuroplasty of cervical nerve roots bilaterally at C4-C7 with injection of Kenalog, Marcaine and Wydase. Physical therapy was noted to be helpful at relieving pain and improving function. In a 07-17-2015 progress note, the injured worker reported 5 out of 10 headaches and neck pain as well as left shoulder pain. The injured worker was noted to be attending physical therapy for the left shoulder three times a week. Objective findings showed decreased range of motion of the left shoulder with tenderness to palpation and weakness of the left upper extremity. The injured worker was noted to have been authorized for a left shoulder manipulation under anesthesia but declined treatment and was recommended to start a course of physical therapy for the cervical spine and left shoulder at two times a week for 4 weeks. In a progress note dated 08-14-2015, the injured worker reported neck pain that was rated as 5-6 out of 10 that had increased from 3 out of 10 at the last visit and bilateral shoulder pain that had decreased. Objective examination findings revealed grade 2 tenderness to palpation over the cervical paraspinal muscles which had increased from grade 1 to 2 on the last visit and 2 palpable spasm which had decreased from 3 on the last visits with restricted range of motion. The physician indicated that physical therapy of

the cervical spine and left shoulder and massage of the cervical spine was being ordered for 3 times a week for 4 weeks. Work status was documented as temporarily totally disabled. A request for authorization of massage therapy for the cervical spine x 12 was submitted. As per the 08-27-2015 utilization review, the request for massage therapy for the cervical spine x 12 was non-certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Massage therapy for the cervical spine x 12: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic), Massage.

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

**Decision rationale:** The patient presents with pain affecting the neck and bilateral shoulders. The current request is for Massage /therapy for the cervical spine x 12. The treating physician report dated 1/29/15 (4B) states, "The patient is prescribed massage of the cervical spine, 3 times a week for 4 weeks." The MTUS guidelines page 60 supports massage therapy as an adjunct to other recommended treatment such as exercise and states that it should be limited to 4-6 visits in most cases. In this case, the current request of 12 sessions of massage therapy exceeds the 4-6 visits recommended by the MTUS guidelines. Furthermore, there is no rationale provided by the treating physician as to why the patient requires treatment above and beyond the MTUS guidelines. The current request is not medically necessary.