

<b>Case Number:</b>	CM15-0189509		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	01/26/2014
<b>Decision Date:</b>	11/19/2015	<b>UR Denial Date:</b>	08/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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: Pennsylvania, Ohio, 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 24 year old female, who sustained an industrial injury on 1-26-14. The injured worker was diagnosed as having right side clavicle fracture; right adhesive capsulitis. Treatment to date has included physical therapy; medications. Currently, the PR-2 notes dated 8-6-15 indicated the injured worker returns for a follow-up of her right shoulder adhesive capsulitis, 20 months status post clavicle fracture. She reports she is doing well and continues to improve. She reports some ongoing pain with overhead range of motion and difficulty-lifting things overhead, pain radiates from subacromial area to anterior deltoid. She has been getting massage therapy which helps. She also saw her physical therapy on her persona insurance. She inquires about aquatic therapy and acupuncture. The provider documents "She rates her pain level as a 2 out of 10. The pain is described as aching." He lists no medications being taken at this time. On physical examination, he documents Clavicle is nontender, distal sensation intact; grip strength equal bilaterally; Neer's and Hawkin's negative. A Request for Authorization is dated 9-25-15. A Utilization Review letter is dated 8-28-15 and non-certification was for Massage Therapy Sessions # 1 and Aquatic Therapy Sessions #1. Utilization Review modifier the certification for Acupuncture Sessions # 8 and authorized 6 sessions only. A request for authorization has been received for Massage Therapy Sessions # 1; Acupuncture Sessions # 8 and Aquatic Therapy Sessions #1.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy Sessions # 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** MTUS recommends massage for limited indications up to 6 visits in the acute phase of an injury. This treatment is intended as an adjunct to active treatment and to facilitate early functional restoration. Massage is a passive treatment, which is not recommended for ongoing or chronic use. The request in this case is not consistent with these guidelines; the request is not medically necessary.

**Acupuncture Sessions # 8: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**MAXIMUS guideline:** Decision based on MTUS Acupuncture Treatment 2007.

**Decision rationale:** MTUS Acupuncture Medical Treatment Guidelines recommends up to 6 initial acupuncture sessions as an alternative to physical medicine treatment. The current request exceeds this guideline; no rationale is given for an exception. The request is not medically necessary.

**Aquatic Therapy Sessions # 1: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** MTUS encourages physical therapy with an emphasis on active forms of treatment and patient education. This guideline recommends transition from supervised therapy to active independent home rehabilitation. Given the timeline of this injury and past treatment, the patient would be anticipated to have previously transitioned to such an independent home rehabilitation program. The records do not provide a rationale at this time for additional supervised rather than independent rehabilitation. This request is not medically necessary.