

Case Number:	CM15-0190414		
Date Assigned:	10/02/2015	Date of Injury:	01/17/2014
Decision Date:	11/10/2015	UR Denial Date:	08/31/2015
Priority:	Standard	Application Received:	09/28/2015

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:

This is a 65 year old female with a date of injury of January 17, 2014. A review of the medical records indicates that the injured worker is undergoing treatment for superior labrum anterior to posterior lesion tear of the right shoulder. Medical records dated June 9, 2015 indicate that the injured worker complained of persistent neck and lower back pain. A progress note dated August 26, 2015 documented complaints of persistent neck and lower back pain. Per the treating physician (August 26, 2015), the employee was permanent and stationary. The physical exam dated June 25, 2015 reveals painful range of motion of the right shoulder, positive speed test, and mild impingement anteriorly. The progress note dated August 26, 2015 documented a physical examination that showed no change since the examination performed on June 25, 2015. Treatment has included one sessions of massage therapy that was very effective for one week, and medications (Motrin, Tramadol, and Ambien since at least June of 2015).The original utilization review (August 31, 2015) non-certified a request for eight sessions of deep tissue massage for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Deep tissue massage times 8 sessions for the right shoulder: 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: According to the guidelines, 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. The claimant had a week of massage therapy already. There was no mention of additional exercise plan. The request for 8 more sessions also exceeds the guidelines amount. The 8 additional deep tissue massage sessions is not medically necessary.