

Case Number:	CM15-0199218		
Date Assigned:	10/14/2015	Date of Injury:	05/16/2014
Decision Date:	11/20/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/09/2015

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

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 62 year old female, who sustained an industrial injury on 5-16-14. Medical records indicate that the injured worker is undergoing treatment for right shoulder degenerative joint disease, cervicgia, myofascial pain syndrome of the cervical spine, brachial neuritis or radiculitis and pain in the joint of the shoulder. The injured worker is temporarily totally disabled. On (9-3-15) the injured worker complained of constant neck pain radiating to the right upper extremity. The pain was described as aching, dull, numb, shooting, throbbing and tingling. The injured workers pain was rated 8 out of 10 on the visual analogue scale. Examination of the cervical spine revealed tenderness to palpation, spasms and triggering over the paravertebral muscles, trapezius muscles and levator muscles. A facet-loading test was positive. Right shoulder examination revealed tenderness to palpation and a decreased and painful range of motion. Treatment and evaluation to date has included medications, MRI of the right shoulder and a right shoulder injection, and therapy. Current medications include Ultram ER, Omeprazole, Naproxen Sodium and topical analgesics. The current treatment request includes massage therapy three times a week for four weeks # 12 for the cervical spine and right shoulder. The Utilization Review documentation dated 9-11-15 non-certified the request for massage therapy three times a week for four weeks # 12 for the cervical spine and right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 12 visits, 3x a week for 4 weeks, for the cervical spine and right shoulder:
Upheld

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

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

Decision rationale: Massage therapy is recommended for time-limited use in sub acute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this chronic May 2014 injury status post significant conservative physical therapy currently on an independent home exercise program without plan for formal physical therapy sessions. The patient has remained functionally unchanged and is TTD. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established per MTUS Chronic Pain Guidelines. The Massage therapy 12 visits, 3x a week for 4 weeks, for the cervical spine and right shoulder is not medically necessary and appropriate.