

Case Number:	CM15-0204941		
Date Assigned:	10/21/2015	Date of Injury:	03/10/2009
Decision Date:	12/11/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/19/2015

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, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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, female who sustained a work related injury on 3-10-09. A review of the medical records shows she is being treated for neck pain. In the progress notes dated 8-31-15 and 9-21-15, the injured worker reports increased neck pain with weakness and numbness in right arm. She is having trouble sleeping. On physical exam dated 9-21-15, she has right bicep weakness. She has trapezius and rhomboid spasm. She has decreased cervical range of motion. Treatments have included right shoulder surgery 1-19-11, postoperative physical therapy-unknown number of sessions, chiropractic treatments-unknown number of sessions, and medications. There is a notation at the end of the progress notes dated 3-6-15 that massage was requested before. Current medications include Soma and Voltaren gel. She is not working. The treatment plan includes manual massage to cervical spine, chiropractic treatments and for Flexeril. The Request for Authorization dated 9-22-15 has requests for an MRI cervical, chiropractic services, massage and Flexeril. In the Utilization Review dated 9-29-15, the requested treatment of massage therapy 2 x 6, 12 sessions is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

12 massage therapy of the cervical spine, 2 times a week for 6 weeks: 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 12 massage therapy visits to the cervical spine two times per week to six weeks is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnoses are cervical DDD; right rotator cuff tear status post rotator cuff repair; and left shoulder impingement. Date of injury is March 10, 2009. Request for authorization is September 22, 2015. According to a September 21, 2015 handwritten, largely illegible progress note, the subject of section indicates something about increased cervical spine pain. The objective section is illegible. The treatment plan contains a request for massage therapy. The guidelines recommend massage therapy be limited to 4-6 sessions in most cases. The treating provider is requesting 12 massage therapy visits. There are no compelling clinical facts to support 12 massage therapy visits. Based on clinical information and medical record, peer-reviewed evidence-based guidelines, a request for 12 sessions of massage therapy with guideline recommendations for 4-6 sessions in most cases, 12 massage therapy visits to the cervical spine two times per week to six weeks is not medically necessary.