

<b>Case Number:</b>	CM15-0025485		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	11/24/2010
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/10/2015

### 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 53 year old, female patient, who sustained an industrial injury on 11/24/2010. Of note, the injured worker reported having previous problems with the current body part; having had a lower back and knee injury in 07/1993. She also reported having been involved in a motor accident in 1999 where she was rear ended. She also reported a work related cumulative trauma injury to ankles and feet in 2001. The patient's surgical history included; lumbar laminectomy in 1991 at L5-S1. She had also gone under a left knee lateral recess in 1994. Another laminectomy, lumbar in 1995 at L4-5. She also stated receiving steroid injections to right neck in 2009, right hip and shoulder in 2011 and to the lumbar spine in 2012. A primary treating office visit dated 01/14/2015 reported subjective complaint of right shoulder pain and right hip pain. Her activity level has decreased secondary to the pain. Her current medications are; Pennsaid % 5 Solution and Lidoderm % 5 Patch. A request was made for massage therapy 8 sessions treating the right shoulder and hip. On 01/27/2015, Utilization Review, non-certified the request, noting both the ODG Pain Massage Therapy and the CA MTUS Chronic Pain, Massage therapy were cited. On 02/10/2015, the injured worker submitted an application for independent medical review of requested service.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 1 x 18 for the right shoulder and hip: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation Pain section, Massage

**Decision rationale:** Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, massage therapy one time per week times 18 weeks to the right shoulder and hip is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). The recommended frequency and duration of treatment are 1 to 2 times per week for an optimum duration of six weeks. See the guidelines for details. In this case, the utilization review physician at a peer-to-peer call with the treating physician on January 27, 2015 at 9:05 AM. The requesting physician exceeded the recommended guidelines of 1 to 2 times per week for optimum duration of six weeks. The injured worker's working diagnoses are cervical pain; spasm muscle; shoulder pain; and hip pain. The guidelines recommend one to two times per week for six weeks. During a peer to peer phone conference, the utilization review physician authorized one massage therapy every other week for eight weeks. Consequently, absent compelling clinical documentation for massage therapy with a request for authorization (18 sessions) well in excess of the recommended guidelines, massage therapy one time per week times 18 weeks to the right shoulder and hip is not medically necessary.