

<b>Case Number:</b>	CM15-0026900		
<b>Date Assigned:</b>	02/19/2015	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	04/06/2015	<b>UR Denial Date:</b>	01/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/12/2015

### 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:

This 48 year old female sustained an industrial injury on 2/3/10, with subsequent ongoing left shoulder pain. The injured worker underwent left shoulder arthroscopy on 4/30/14 that revealed signs of chronic rotator cuff impingement. Other treatment plan included physical therapy, acupuncture, medications and home exercise. Documentation did not disclose the number of physical therapy and acupuncture sessions completed or objective measures of functional improvement. In a PR-2 dated 9/29/14, the injured worker complained of a lot of pain along the trapezius and medial scapula. Physical exam was remarkable for tenderness to palpation in the trapezius and medial scapula and mild tenderness to palpation in the cervical spine with 4/5 strength to the shoulder and reasonable scapular posture. Current diagnoses included left shoulder rotator cuff impingement and partial rotator cuff tear. The treatment plan included ongoing physical therapy, obtaining a massage therapist and continuing anti-inflammatory medications as needed. On 1/26/15, Utilization Review noncertified a request for massage therapy 2xWk x 6Wks, Left Shoulder citing CA MTUS Chronic Pain Medical Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy 2xWk x 6Wks, Left Shoulder:** 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 rationale:** This patient presents with left shoulder pain. The patient is status post left shoulder arthroscopy from 04/30/2014. The treater is requesting MASSAGE THERAPY 2 TIMES PER WEEK X 6 WEEKS FOR THE LEFT SHOULDER. The RFA was not made available for review. The patient's date of injury is from 02/03/2010, and she is currently permanent and stationary. The MTUS Guidelines page 60 on massage therapy states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment dependence should be avoided. The 08/22/2014 progress report shows that the patient has received some unknown number of massage therapy with some improvement. The treater requested 8 massage therapy sessions on 08/22/2014 for the patient's left shoulder and neck. The 09/28/2014 progress report notes that the patient received approval for massage therapy but is still identifying a massage therapist who will work with industrial insurance. The 01/14/2015 report shows that the patient complains of intermittent moderate to severe pain in the shoulder. The treater is requesting additional course of physical therapy and massage therapy. In this case, the patient has trialed massage therapy in the past with an unknown number of treatments. The requested 12 sessions when combined with the previous sessions that the patient has received in the past would exceed MTUS Guidelines. The request IS NOT medically necessary.