

Case Number:	CM15-0216567		
Date Assigned:	11/06/2015	Date of Injury:	02/06/2014
Decision Date:	12/18/2015	UR Denial Date:	10/17/2015
Priority:	Standard	Application Received:	11/03/2015

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 60 year old female, who sustained an industrial injury on February 06, 2014. The injured worker was diagnosed as having calcific tendinitis of right shoulder and joint pain right shoulder. Treatment and diagnostic studies to date has included at least 4 sessions of Rolwing, subacromial injection, and medication regimen. In a progress note dated October 06, 2015 the treating physician reports complaints of pain to the right shoulder and to the right ankle along with numbness to the pinky. Examination performed on October 06, 2015 was revealing for drooping of the shoulder girdle, mild scapula dyskinesis, decreased range of motion with pain that was noted to be less from prior examination, and numbness to the pinky. On October 06, 2015 the treating physician noted at least 4 sessions of Rolwing that was noted to improve the injured worker's activities of daily living by decreasing the injured worker's shoulder pain and increasing the injured worker's range of motion to the right shoulder. The progress note from October 06, 2015 did not include the injured worker's pain level prior to Rolwing sessions and Rolwing sessions to determine the effects of the Rolwing sessions. On October 06, 2015, the treating physician requested 6 sessions of Rolwing with the treating physician noting that the injured worker "would benefit from additional Rolwing to improve her internal rotation and abduction". On October 17, 2015, the Utilization Review determined the request for 6 Rolwing sessions for the right shoulder to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Rolfing sessions for the 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: Review indicates the patient has received at least 4 rolfing sessions with request for additional 6 sessions for the right shoulder. There is noted improved ADLs and shoulder; however, no specifics are provided nor has the patient functionally changed in terms of decreased VAS level, decreased pharmacological interventions or decreased medical utilization for this February 2014 injury. Massage therapy is recommended for time-limited use in subacute 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 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. 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 6 Rolfing sessions for the right shoulder is not medically necessary and appropriate.