

Case Number:	CM15-0221584		
Date Assigned:	11/17/2015	Date of Injury:	06/25/2002
Decision Date:	12/24/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/11/2015

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 50 year old male, who sustained an industrial injury on 6-25-02. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included status post right open shoulder rotator cuff repair surgery; status post right arthroscopic subacromial decompression distal clavicle excision; physical therapy; medications. Currently, the PR-2 notes dated 10-16-15 indicated the injured worker is a status post C5-6 fusion presenting 6 and one half months status post right shoulder surgery. He is participating in physical therapy; however, he reports he was unable to attend the last week as a family member passed away. He report performing exercises and the provider notes since his last evaluation, improved range of motion. The injured worker notes weakness but also notes strength is slowly improved. He is currently taking ibuprofen as needed for pain and occasionally used pain medications after physical therapy. He reports mid nocturnal symptoms particularly if he sleeps with his arm overhead. His focus is on range of motion exercises and describes his pain as dull ache at the extremes of motion. On physical examination, the provider notes "Cervical spine range of motion decreased in all directions. Sensation grossly intact. Shoulder right and left: elevation 4+ to 5- out of 5, ER 4+ to 5- out of 5, IR 5 out of 5. Shoulder range of motion right and left: elevation 165 out of 165, ER 40 out of 50, IR T10 to T8. He has slight discomfort at terminal end range of motion. With shoulder abducted ER 85 out of 90, IR 40 out of 45. Provocative tests right and left Neer, Hawkin's and Speed all negative." The provider is requesting additional physical therapy due to making slow and steady progress of improvement with the 8 already completed. A Request for Authorization is dated 11-11-15. A Utilization

Review letter is dated 11-2-15 and non-certification for 8 massage therapy sessions and 8 sessions of physical therapy. A request for authorization has been received for 8 massage therapy sessions and 8 sessions of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 massage therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

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, 8 massage therapy sessions are 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 right open rotator cuff repair, postoperative stiffness; and status post right arthroscopic subacromial compression, and distal clavicle excision. Date of injury is June 25, 2002. Request for authorization is October 19, 2015. According to an October 16, 2015 progress note, subjectively the injured worker has ongoing pain and stiffness in the right shoulder status post arthroscopy April 9, 2015. The injured worker is six months status post surgery. The workers engaged in a home exercise program with improvement in range of motion. Objectively, there is decreased range of motion slight tenderness on terminal range of motion. The total number of physical therapy sessions is not specified. There is no documentation demonstrating objective functional improvement to support ongoing physical therapy. The guidelines recommend 4-6 visits in most cases. The treating provider is requesting eight massage therapy sessions. There is no clinical rationale for 8 massage therapy sessions. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and a request for an excessive number of massage therapy sessions with no compelling clinical facts to support the request, 8 massage therapy sessions are not medically necessary.

8 sessions of physical therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder section, Physical therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, 8 physical therapy sessions are not medically necessary. Patients should be formally assessed after a six visit clinical trial to see if the patient is moving in a positive direction, no direction or negative direction (prior to continuing with physical therapy). When treatment duration and/or number of visits exceeds the guideline, exceptional factors should be noted. In this case, the injured worker's working diagnoses are right open rotator cuff repair, postoperative stiffness; and status post right arthroscopic subacromial compression, and distal clavicle excision. Date of injury is June 25, 2002. Request for authorization is October 19, 2015. According to an October 16, 2015 progress note, subjectively the injured worker has ongoing pain and stiffness in the right shoulder status post arthroscopy April 9, 2015. The injured worker is six months status post surgery. The workers engaged in a home exercise program with improvement in range of motion. Objectively, there is decreased range of motion slight tenderness on terminal range of motion. The total number of physical therapy sessions is not specified. There is no documentation demonstrating objective functional improvement to support ongoing physical therapy. There are no compelling clinical facts indicating additional physical therapy over the recommended guidelines as clinically indicated. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation indicating the total number of physical therapy sessions and no documentation demonstrating objective functional improvement, 8 physical therapy sessions are not medically necessary.