

Case Number:	CM15-0035774		
Date Assigned:	03/04/2015	Date of Injury:	11/24/2010
Decision Date:	04/15/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/25/2015

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 53 year old female, who sustained an industrial injury on 11/24/2010. The diagnoses have included sprain and contusion right shoulder, adhesive capsulitis right shoulder, subacromial impingement syndrome of the right shoulder, degenerative osteoarthritis of the right hip, trochanteric bursitis of the right hip and post laminectomy syndrome of the lumbar spine. Treatment to date has included physical therapy, massage therapy and med. According to the progress report dated 1/14/2015, the injured worker complained of right shoulder pain and right hip pain. She rated her pain without medications as 7/10. She reported quality of sleep as poor. Current medications included Pennsaid 1.5% solution and Lidoderm 5% patch. Exam of the cervical spine revealed trigger point with radiating pain and twitch response on palpation at cervical paraspinal muscles on the right. Exam of the right shoulder revealed tenderness in the biceps groove and the subdeltoid bursa. Exam of the right hip revealed tenderness over the trochanter. Treatment plan was for massage therapy for the right shoulder and hip, gym membership and physical therapy. On 1/30/2015 Utilization Review (UR) modified a request for massage therapy one time a week for ten weeks to one time a week for six weeks. The Medical Treatment Utilization Schedule (MTUS) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy once a week for 10 weeks to the right shoulder and hip: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Agreed Medical Evaluator.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

Decision rationale: According to the 02/11/2015 progress report, this patient presents with 7/10 pain at the right shoulder and right hip. The current request is for Massage Therapy once a week for 10 weeks to the right shoulder and hip and Utilization Review (UR) modified a request to once a week for 6 weeks. The request for authorization is not included in the file for review and the patient's work status is permanent and Stationary. For massage therapy, the MTUS guideline page 60, recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In the medical reports provided for review, indicate the patient has had 2 massage therapy sessions from 11/04/2014 to 11/07/2014. The patient states that the Massage sessions were very effective in treating her pain. In this case, the patient has had 2 sessions of massage therapy recently; the requested 10 additional sessions exceed what is allowed by MTUS. MTUS supports 4-6 sessions of massage therapy in most cases. Therefore, the request IS NOT medically necessary.