

Case Number:	CM15-0043404		
Date Assigned:	03/13/2015	Date of Injury:	12/15/2011
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/09/2015

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 43 year old female, who sustained an industrial injury on 12/15/2011. She has reported injury to the right upper extremity. The diagnoses have included pain in joint of the shoulder; carpal tunnel syndrome; and status post right carpal tunnel release. Treatment to date has included medications, chiropractic therapy, injections, acupuncture, physical therapy, home exercise program, and surgical intervention. Medications have included Lidocaine 5% Patch. A progress note from the treating physician, dated 02/19/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of increased right shoulder pain which radiates to the neck; the pain is associated with numbness, pins and needles, and tingling; and the pain is rated at 8/10 on the visual analog scale. Objective findings included restricted right shoulder movements; limited range of motion; and tenderness to palpation is noted in the trapezius. The treatment plan has included diagnostic imaging to establish further recommendations for treatment, as well as massage therapy to help functional improvement. Request is being made for Massage therapy, Right Shoulder; and for MRI (magnetic resonance imaging) without contrast, Right Shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy, Right 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: According to the 02/19/2015 report, this patient presents with an 8/10 burning right shoulder pain that radiated to the neck. The current request is for Massage therapy, Right Shoulder and the treating physician states the patient "will benefit from 8 sessions of massage therapy for her right shoulder." The request for authorization is on 02/26/2015 and the patient's work status is to remain on modified duty until next clinic visit. 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." Based on the medical reports provided for review does not show documentation of any sessions of massage therapy or any discussions thereof. It is possible the patient has had massage therapy in the past with the documentation not provided. In this case, the provided reports make no reference to a recent course therapy; a short course may be reasonable. However, the current request does not mention duration and frequency of the request. MTUS limits therapy treatments to 4-6 sessions in most case. Therefore, the request IS NOT medically necessary.

MRI (magnetic resonance imaging) without contrast, Right Shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 195-224.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-208. Decision based on Non-MTUS Citation Official disability guidelines Shoulder chapter, MRI.

Decision rationale: According to the 02/19/2015 report, this patient presents with an 8/10 burning right shoulder pain that radiated to the neck. The current request is for MRI (magnetic resonance imaging) without contrast, Right Shoulder "to rule out any structural pathology that might require surgery.' MRI study will also help us to establish further recommendations regarding patient's treatment plan." ACOEM guidelines has the following regarding shoulder MRI: (pp207-208): Primary criteria for ordering imaging studies: Physiologic evidence of tissue insult or neurovascular dysfunction (e.g., cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis or Raynaud's phenomenon)." Furthermore, ODG guidelines states 'Recommended' with indications of acute shoulder trauma; suspect rotator cuff tear/impingement; over age 40; normal plain radiographs; subacute shoulder pain; and suspect instability/labral tear. Review of the provided reports does not show evidence of prior MRI of the right shoulder. In this case, the patient has shoulder pain, age > 40, exam findings indicate weakness, decreased sensation, and restricted range of motion of the right shoulder. The treating physician mentions that the patient has "received previous conservative treatment without, significant improvement." There does appear to be some suspicion for internal derangement and an investigation with an MRI appears medically reasonable. The request IS medically necessary.