

Case Number:	CM15-0054280		
Date Assigned:	03/27/2015	Date of Injury:	04/22/2013
Decision Date:	05/05/2015	UR Denial Date:	02/26/2015
Priority:	Standard	Application Received:	03/23/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 4/22/2013. She reported left shoulder pain. Diagnoses include left shoulder impingement syndrome moderate to severe. Treatment to date has included diagnostics, medications and physical therapy. Per the Primary Treating Physician's Progress Report dated 2/09/2015, the injured worker reported constant pain to her shoulder biceps region with numbness to left fingers. Physical examination revealed limited range of motion due to pain. O'Brien's test and Hawkin's test was positive. There was tenderness to palpation and post capsular pain anterior/posterior drawer. The plan of care included injections and follow up care and authorization was requested for massage therapy (2x3) for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2 x 3 weeks for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 58.

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

Decision rationale: The claimant is more than 2 years status post work-related injury and continues to be treated for left shoulder and neck pain. Her physical therapist documents attendance at 6 of 8 sessions with therapeutic content of chair massage and modalities. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. In this case, there is no adjunctive treatment and the massage is for palliation and is a passive treatment. Therefore, this request was not medically necessary.