

Case Number:	CM15-0056792		
Date Assigned:	04/01/2015	Date of Injury:	08/25/2010
Decision Date:	05/05/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/25/2015

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 39 year old female who sustained a work related injury on August 25, 2010, injuring her right shoulder carrying heavy luggage. She was diagnosed with a shoulder sprain, carpal tunnel syndrome and lesion on the ulnar nerve. Treatment included physical therapy, massage therapy, home exercise program and medication management. She underwent carpal tunnel release and shoulder surgery. Currently the injured worker complained of chronic right shoulder pain and muscle tension in her neck. The treatment plan that was requested for authorization included massage therapy for the right shoulder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 2 times a week for 3 weeks for the right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine massage therapy Page(s): 98-99, 60.

Decision rationale: The patient presents on 02/20/15 with right shoulder pain rated 2/10. The patient's date of injury is 08/25/10. Patient is status right shoulder rotator cuff repair on 06/12/12. The request is for MASSAGE THERAPY 2 TIMES A WEEK FOR 3 WEEKS FOR THE RIGHT SHOULDER. The RFA was not provided. Physical examination dated 02/20/15 reveals tenderness to palpation over the right rotator cuff muscles with muscle tension extending into the right upper trapezius muscle. Right shoulder range of motion was decreased by 30% with abduction, 20% with flexion, 30% with extension, and 20% with internal and external rotation. Treater also notes positive impingement sign at the right shoulder. The patient is currently prescribed Naproxen, Protonix, Tramadol, Cyclobenzaprine, Albuterol, Levemir Insulin, and Novolog Insulin. Diagnostic imaging was not included. Patient is classified as permanent and stationary, though current work status is not provided. MTUS Chronic Pain Medical Treatment Guidelines, Physical Medicine section, pages 98-99 states that 8-10 sessions of therapy are indicated for various myalgias or neuralgias. MTUS Chronic Pain Medical Treatment Guidelines, page 60 for Massage therapy states: "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 regard to the request for additional massage therapy, treater has exceeded guideline recommendations. Progress note dated 02/20/15 indicates that this patient has undergone an unspecified number of massage therapy sessions with improvements, though the number of visits to date is not provided. MTUS guidelines recommend conservative therapies such as massage therapy for complaints of this nature, however the 6 requested sessions in addition to those already performed exceeds the recommended duration of therapy. MTUS specifies that massage therapy should be limited to 4-6 visits in most cases. Without a rationale as to why this patient requires treatment beyond the guideline recommendations or an inability to perform self-directed therapy, additional sessions cannot be substantiated. Therefore, the request IS NOT medically necessary.