

|                       |              |                              |            |
|-----------------------|--------------|------------------------------|------------|
| <b>Case Number:</b>   | CM15-0084967 |                              |            |
| <b>Date Assigned:</b> | 05/08/2015   | <b>Date of Injury:</b>       | 08/16/2010 |
| <b>Decision Date:</b> | 06/05/2015   | <b>UR Denial Date:</b>       | 04/20/2015 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 05/04/2015 |

### 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: 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 (IW) is a 54-year-old female who sustained an industrial injury to the right shoulder on 08/16/2010. Diagnoses include rotator cuff repair, impingement--shoulder, bicipital tenosynovitis, deQuervain's tenosynovitis and myofascial pain/myositis. Treatment to date has included medications, H-wave, massage, ice, physical therapy and acupuncture. X-rays showed significant arthrosis at the acromioclavicular joint. According to the progress notes dated 3/2/15, the IW reported ongoing pain in the right wrist, right elbow and right shoulder, radiating into the neck with associated symptoms of numbness, tingling, nausea, fatigue, swelling, locking and weakness. She rated the pain 8/10. On exam of the right shoulder and muscles of the upper arm and back, there was tenderness, crepitus and trigger points present. Range of motion was limited by pain. A request was made for massage therapy once a week for six weeks for the right shoulder to help with trigger points. Physical therapy and acupuncture was to continue as well as her medications, Vicodin, Quazepam and Omeprazole.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy for the right shoulder, six sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Massage Therapy.

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

**Decision rationale:** CA MTUS states that massage therapy is 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. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow-up. Massage 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 documentation indicates that the claimant has obtained relief from previous massage therapy but there is no documentation of the number of previous sessions completed. In addition, the claimant is receiving medical therapy, acupuncture and physical therapy. There is no specific indication for additional massage therapy sessions. Medical necessity for the requested service is not established. The requested service is not medically necessary.