

Case Number:	CM15-0239425		
Date Assigned:	12/16/2015	Date of Injury:	05/03/2012
Decision Date:	01/27/2016	UR Denial Date:	11/23/2015
Priority:	Standard	Application Received:	12/08/2015

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 59 year old female, who sustained an industrial injury on 5-3-2012. She complains of neck, arm and shoulder pain. The injured worker was diagnosed cervical spine strain and sprain and left shoulder rotator cuff tendinitis and bursitis. Treatment to date has included diagnostic testing, massage therapy and medications. The orthopedic reevaluation progress note dated 10-9-2015, the IW complains of intermittent moderate neck pain with radiation to the left arm and bilateral shoulder pain with difficulty lifting objects. She feels her condition is worsening. On exam, the cervical spine exhibits tenderness to palpation about the paracervical and trapezial musculature. There is positive cervical distraction test and there is muscle spasms noted. There is restricted range of motion due to complain of pain. The left shoulder reveals tenderness to palpation about the anterolateral shoulder and supraspinatus. There is mild tenderness extending to the pectoralis and there is restricted range of motion due to complaints of discomfort and pain. There is rotator cuff weakness noted. The progress note dated 11-6-2015, the IW complains of intermittent severe neck pain which has worsened and she rates 10 out of 10, with 10 being the worst. She reports numbness and tingling in her left fingers for the past month and tramadol does alleviate her pain. Massage therapy does help her pain. On exam, there is tenderness to palpation about the paracervical and trapezial musculature. There is positive cervical distraction test and muscle spasms are noted with restricted range of motion. The left shoulder has tenderness to palpation about the anterolateral shoulder and supraspinatus. There is mild tenderness extending to the pectorals with restricted range of motion. There is rotator cuff weakness. The plan is for pain management and EMG and additional massage

therapy. The UR decision, dated 11-23-2015 denied massage therapy 2 times a week for 4 weeks to left shoulder and C-spine, NCV-EMG of upper extremities and approved pain management consultation for medication management and chronic pain to left shoulder and C-spine. The request for authorization, dated 12-8-2015 is for massage therapy 2 times a week for 4 weeks to left shoulder and C-spine, NCV-EMG of upper extremities.

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 4 weeks Dx left shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: Based on progress report dated 11/06/15, the patient presents with severe neck pain. The request is for Massage therapy 2 times a week for 4 weeks Dx left shoulder. The request for authorization form is dated 11/06/15. MRI of the cervical spine, 10/22/15, shows at C5-6, there is moderate acquired central canal stenosis with severe left and moderate right foraminal narrowing. Patient's diagnoses include cervical spine sprain/strain; LEFT shoulder rotator cuff tendinitis/bursitis. Physical examination of the LEFT shoulder reveals tenderness to palpation about the anterolateral shoulder and supraspinatus. There is mild tenderness extending to the pectoralis. There is restricted range of motion due to complaints of discomfort and pain. There is rotator cuff weakness noted. The patient reports that previous massage therapy helped her pain and that she has not had any acupuncture therapy or physical therapy. The patient is advised on performing home therapeutic exercises for range of motion and strengthening purposes. The patient may continue to work full duty. MTUS Guidelines, Massage therapy Section, page 60 states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Per progress report dated 11/06/15, treater's reason for the request is "The patient reports that previous massage therapy helped her pain." Given the patient's condition, a course of Massage Therapy would be indicated. In this case, it appears the patient has attended previous Massage Therapy sessions, however, treatment history is not provided to determine how many visits the patient attended. Nevertheless, MTUS guidelines limit the visits to 6 as an adjunct with other recommended treatments. The request for 8 additional sessions of Massage Therapy would exceed what is supported by MTUS guidelines. Therefore, the request is not medically necessary.

Massage therapy 2 times a week for 4 weeks Dx C spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: Based on progress report dated 11/06/15, the patient presents with severe neck pain. The request is for Massage therapy 2 times a week for 4 weeks Dx C spine. The request for authorization form is dated 11/06/15. MRI of the cervical spine, 10/22/15, shows at C5-6, there is moderate acquired central canal stenosis with severe left and moderate right foraminal narrowing. Patient's diagnoses include cervical spine sprain/strain; LEFT shoulder rotator cuff tendinitis/bursitis. Physical examination of the cervical spine reveals tenderness to palpation about the paracervical and trapezial musculature. There is a positive Cervical Distraction test. There are muscle spasms noted. There is restricted range of motion due to complaints of pain. The patient reports that previous massage therapy helped her pain and that she has not had any acupuncture therapy or physical therapy. The patient is advised on performing home therapeutic exercises for range of motion and strengthening purposes. The patient may continue to work full duty. MTUS Guidelines, Massage therapy Section, page 60 states that it is recommended as an option and as an adjunct with other recommended treatments such as exercise and should be limited to 4 to 6 visits. Massage is a passive intervention and treatment, dependence should be avoided. Per progress report dated 11/06/15, treater's reason for the request is "The patient reports that previous massage therapy helped her pain." Given the patient's condition, a course of Massage Therapy would be indicated. In this case, it appears the patient has attended previous Massage Therapy sessions, however, treatment history is not provided to determine how many visits the patient attended. Nevertheless, MTUS guidelines limit the visits to 6 as an adjunct with other recommended treatments. The request for 8 additional sessions of Massage Therapy would exceed what is supported by MTUS guidelines. Therefore, the request is not medically necessary.

NCV/EMG of upper extremities: Overturned

Claims Administrator guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Forearm, Wrist, and Hand Complaints 2004, Section(s): Special Studies.

Decision rationale: Based on progress report dated 11/06/15, the patient presents with severe neck pain. The request is for NCV/EMG of upper extremities. The request for authorization form is dated 11/06/15. MRI of the cervical spine, 10/22/15, shows at C5-6, there is moderate acquired central canal stenosis with severe left and moderate right foraminal narrowing. Patient's diagnoses include cervical spine sprain/strain; LEFT shoulder rotator cuff tendinitis/bursitis. Physical examination of the cervical spine reveals tenderness to palpation about the paracervical and trapezial musculature. There is a positive Cervical Distraction test. There are muscle spasms noted. There is restricted range of motion due to complaints of pain. Physical examination of the LEFT shoulder reveals tenderness to palpation about the anterolateral shoulder and supraspinatus. There is mild tenderness extending to the pectoralis. There is restricted range of motion due to complaints of discomfort and pain. There is rotator cuff weakness noted. The patient reports that previous massage therapy helped her pain and that she has not had any

acupuncture therapy or physical therapy. The patient is advised on performing home therapeutic exercises for range of motion and strengthening purposes. The patient may continue to work full duty. ACOEM Practice Guidelines, 2nd Edition (2004), Chapter 11, page 260-262 states: "Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist." Per progress report dated 11/06/15, treater's reason for the request is "to assess the patient's neurological complaints." In this case, the patient continues with Upper Extremity pain. Given the patient's Upper Extremities symptoms, diagnoses, and physical exam findings, NCV/EMG of Upper Extremities study would appear reasonable. Review of provided medical records show no evidence that the patient has had a prior NCV/EMG of Upper Extremities study done. Therefore, the request is medically necessary.