

Case Number:	CM14-0114184		
Date Assigned:	09/16/2014	Date of Injury:	08/02/2010
Decision Date:	10/21/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/21/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehab and Pain Medicine and is licensed to practice in Texas and Oklahoma. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 50-year-old male who reported an injury on 08/02/2010. The mechanism of injury was overuse and repetitive motion. He is diagnosed with shoulder pain and chronic pain syndrome. His past treatments were noted to have included oral medications, topical analgesics, physical therapy, and massage therapy. On 03/21/2014, the injured worker presented for complaints of left shoulder and left upper extremity pain. His pain was noted at 5/10 to 8/10 in the shoulder and he described radiating pain down the left arm to the 3rd, 4th, and 5th digits with persistent numbness. The documentation indicates that he has had the most significant pain relief with myofascial therapy and had been able to increase his range of motion of the shoulder with this treatment. The documentation further indicated that he had had a 30% to 50% relief of pain due to myofascial release therapies, as well as increased tolerance toward activities of daily living. However, previous clinical notes, specifically on 10/23/2013, had indicated that the injured worker had been required to take extra Tylenol No. 3 as his pain had been unrelieved by massage. His physical examination revealed pain with range of motion of the left shoulder and reduced left grip strength. His medications included Nucynta, Tizanidine, and Gabapentin. The treatment plan included continued use of a TENS unit and continued medications. A request was received for 4 massages in 8 weeks, per RFA of 05/06/2014 for left shoulder, quantity 4. The massages were recommended as the documentation indicated he had relief from previous treatments. The Request for Authorization Form was submitted on 05/06/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

4 Massages in 8 weeks for left Shoulder qty: 4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: According to the California MTUS Guidelines, Massage Therapy should be an adjunct to other recommended treatment including exercise and should be limited to 4 visits to 6 visits in most cases. The guidelines go on to state that massage is a passive intervention and treatment dependence should be avoided due to the lack of long-term benefits. The clinical information submitted for review indicated that the injured worker had left shoulder pain, which was noted to have benefitted from previous massage treatment. The 03/21/2014 clinical note specified that he reported 30% to 50% pain relief and increased ability to perform his activities of daily living following previous massage. However, there is conflicting documentation in the submitted notes as a previous note dated 10/23/2013 had indicated that the patient denied pain relief from massage. Therefore, clarification is needed regarding this conflicting information. Additionally, the documentation submitted for review failed to indicate that he was participating in an exercise program in conjunction with the requested massage treatments. Further, the documentation did not specify the number of massage treatments previously completed, and the guidelines state that no more than 4 visits to 6 visits are recommended. Therefore, in the absence of documentation addressing the conflicting information in the submitted notes and details regarding past massage therapy treatments, including the number of visits completed, and as the documentation failed to show that the injured worker would be participating in an exercise program, the request is not supported. As such, the request is not medically necessary.