

Case Number:	CM14-0147287		
Date Assigned:	09/15/2014	Date of Injury:	02/18/2011
Decision Date:	11/20/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/10/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. 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 patient is a 43 year-old female with the date of injury of 02/18/2011. The patient presents with pain in her neck, left shoulder and lower back, radiating down upper and lower extremities. The patient presents limited range of lumbar or shoulder motion. Her lumbar flexion is 90 degrees, extension is 20 degrees and bilateral rotation is 40 degrees. Examination reveals negative straight leg raising bilaterally. Her left shoulder flexion is 170 degrees, abduction is 170 degrees and external rotation is 50 degrees. Examination reveals positive Hawkins, negative drop test and negative impingement. According to her treater's report on 10/13/2014, diagnostic impressions are:1) Degenerative disc disease of the lumbosacral spine; rule out right greater than left L5-S1 radioculopathy2) Cervical spine pain3) Left shoulder impingement4) Adhesive capsulitis5) Rule out rotator cuff tear6) Rotator cuff tendinitis7) Possible biceps tinnitisThe utilization review determination being challenged is dated on 08/28/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy 3 times per week for 4 weeks for the left shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) ACOEM, Chapter: 7, pages 173-174, Neck and Upper Back Complaints

Decision rationale: The patient presents persistent pain in her left shoulder. The request is for 12 massage therapy for the left shoulder. MTUS guidelines recommend 4-6 massage therapy adjunct to other recommended treatment (e.g. exercise). ACOEM guidelines recommend massage therapy for chronic pain as an adjunct to active treatments consisting primarily of a graded aerobic and strengthening exercise program. In this case, the patient is able to perform her usual and customary job duties. It is not clear that the patient is having significant exacerbation or flare-up according to the treater's report on 05/12/2014. The treater has asked for massage therapy but does not indicate why, except stating that "she feels that her most effective treatment has been massage therapy, with home use of her transcutaneous electrical nerve stimulation (TENS) unit." MTUS supports a short course of massage in a proper context or as an adjunct. However, it limits treatments to 4-6 sessions in most cases. The current request for 12 sessions is excessive. There is no discussion as to why home exercises cannot manage the patient's chronic pain either. The request is not medically necessary and appropriate.