

<b>Case Number:</b>	CM15-0003949		
<b>Date Assigned:</b>	01/14/2015	<b>Date of Injury:</b>	02/03/2010
<b>Decision Date:</b>	03/16/2015	<b>UR Denial Date:</b>	12/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2015

### 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 37 year old female who sustained an industrial related injury on 2/3/10. The injured worker was diagnosed with left shoulder rotator cuff impingement, partial thickness rotator cuff tear, and trapezius strain. The injured worker underwent a left shoulder arthroscopy on 4/30/13. The injured worker was prescribed Percocet and Ibuprofen. She was participating in physical therapy. Physical examination findings included tenderness in the anterior acromion, greater tuberosity, trapezius, and medial scapula. The injured worker noted improvement with massage therapy that she obtained on her own. On 12/25/14 the treating physician requested authorization for massage therapy 2 times per week for 4 weeks for the left shoulder and neck. On 12/19/14 the request was modified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted the injured worker had benefit from passive modalities to include physical therapy. The request was modified to approve massage therapy 2 times per week for 3 weeks only.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage Therapy 2xWk X 4Wks left shoulder and neck:** Upheld

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

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

**Decision rationale:** This patient presents with left shoulder pain. The patient is status post left shoulder arthroscopy from 04/30/2014. The treater is requesting MASSAGE THERAPY 2 TIMES PER WEEK FOR 4 WEEKS FOR THE LEFT SHOULDER AND NECK. The RFA was not made available for review. The patient's date of injury is from 02/03/2010, and her current work status is permanent and stationary. The MTUS Guidelines page 60 on massage therapy 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. The records do not show any previous massage therapy reports. The 08/22/2014 notes that the patient has made some improvement in flexibility and strength attending physical therapy. She also reports improvement receiving massage therapy on her own. The utilization review dated 09/02/2014 modified the request to 6 massage therapy visits. While a trial of massage therapy is supported by the guidelines, the current request for 8 massage therapy visits is not supported by the guidelines. The request IS NOT medically necessary.