

Case Number:	CM15-0106845		
Date Assigned:	06/11/2015	Date of Injury:	11/13/2008
Decision Date:	07/15/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	06/03/2015

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 52 year old female, who sustained an industrial injury 11/13/2008. She reported the development of neck and right upper extremity pain secondary to repetitive work activities. The injured worker was diagnosed as having tendinitis of the right forearm, right elbow lateral epicondylitis, right shoulder strain, and cervical strain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the neck and shoulder, electromyogram with nerve conduction study, medication regimen, status post cervical fusion, Botox injections, physical therapy of an unknown quantity, and use of a cane. In a progress note dated 04/24/2015 the treating physician reports complaints of severe neck pain with associated symptoms of vertigo along with pain to the low back and right shoulder. Examination reveals tenderness at the right anterior shoulder, decreased range of motion to the right shoulder, tenderness to the lumbar spine, and decreased range of motion to the lumbar spine. The treating physician requested massage therapy to the neck, back, and right shoulder for a quantity of 8 sessions with the treating physician noting that the injured worker would benefit from massage therapy and did not indicate prior treatment with massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy to the neck, back and right shoulder (sessions) Qty:8: 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: The patient complains of pain in the neck along with stiffness in low back and right shoulder and some vertigo, as per progress report dated 04/24/15. The request is for massage therapy to the neck, back and right shoulder (sessions) qty: 8. The RFA for the case is dated 04/24/15, and the patient's date of injury is 11/13/08. The patient is status post anterior cervical disectomy and fusion at C5-6 and C6-7 on 04/02/11, status post L4-5 and L5-S1 disectomy and fusion in October 2007, status post left knee arthroscopy in July 2006, and status post right de Quervain's release in October 2006 and April 2005, as per progress report dated 04/05/15. Diagnoses included chronic pain syndrome and right shoulder impingement syndrome with adhesive capsulitis. The patient is off work, as per progress report dated 04/24/15. 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. In this case, the request for massage therapy is noted in progress report dated 04/24/15. The treater believes that the patient will "benefit" from these sessions. MTUS, however, allows only 4 to 6 visits. Hence, the request for 8 visits is not medically necessary.