

<b>Case Number:</b>	CM15-0011518		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	05/15/2013
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	12/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/21/2015

### 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:

This 25 year old man sustained an industrial, injury on 5/15/2013. The mechanism of injury is not detailed. Current diagnoses include disorder of the shoulder, partial thickness rotator cuff tear, carpal tunnel syndrome, complex regional pain syndrome type I, and lesion of the ulnar nerve. Treatment has included oral medications, physical therapy, trigger point injections, functional restoration program, home exercise program, H-wave stimulation, and surgical intervention. Physician notes dated 8/18/2014 show complaints of neck and right shoulder pain. Recommendations include surgical repair of a 15mm tear, pain management, chiropractic therapy, and massage therapy. It continues to state that the combination of these therapies have decreased muscle tightness and improved range of motion and proper alignment. On 12/18/2014, Utilization Review evaluated a prescription for massage therapy, one session per week for six weeks to the neck/shoulders, that was submitted on 1/21/2015. The UR physician noted the requested treatment should be used in conjunction with other recommended treatments and therapies and should be limited to 4-6 sessions. The MTUS, ACOEM Guidelines (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy once a week for six weeks for the right shoulder:** Overturned

**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 presents with neck and right shoulder pain rated 05/10 with and 8-9/10 without medication. The request is for MASSAGE THERAPY ONCE A WEEK FOR SIX WEEKS FOR THE RIGHT SHOULDER. The RFA is not provided. Patient's diagnosis included disorder of the shoulder, partial thickness rotator cuff tear, carpal tunnel syndrome, complex regional pain syndrome type I, and lesion of the ulnar nerve. Patient is temporarily totally disabled. 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 for the shoulder. A trial of massage therapy is supported by the guidelines, the current request for 6 massage therapy visits is supported by the guidelines. The request IS medically necessary.