

<b>Case Number:</b>	CM15-0012359		
<b>Date Assigned:</b>	01/29/2015	<b>Date of Injury:</b>	03/03/2003
<b>Decision Date:</b>	03/20/2015	<b>UR Denial Date:</b>	01/09/2015
<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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 was a 63 year old female, who sustained an industrial injury on March 3, 2003 and October 3, 2013. She sustained the injury due to cumulative trauma. The injury describes the injury as a slow progression onset of pain symptoms that starts in the arms, hands and slowly radiated up into the neck. The injured worker had a motor vehicle accident in April 2013, which increased the pain in the neck, shoulders and upper extremities and low back. The injured worker was diagnosed with right supraspinatus tendon strain or sprain, subcortical cyst, SLAP tear inferior of the biceps anchor, cervical and thoracic strain, cervical degenerative disease, bilateral shoulder tendonitis/strain, bilateral upper extremity overuse syndrome, bilateral carpal tunnel syndrome, status post decompression of the left medial nerve in the forearm and wrist. The injured worker previously received the following treatments MRI of the right shoulder, physical therapy, Toradol injections, massage therapy, MRI of the cervical neck September 4, 2014, MRI of the lumbar spine November 19, 2014, laboratory studies, Carpal tunnel surgery on the right hand September 14, 2004, electromyography studies were negative in 2003, trigger point injections, TENS (transcutaneous electrical nerve stimulator) unit, aqua therapy and Motrin. According to progress note of the injured workers chief complaint was neck and right shoulder pain. On December 3, 2014 the injured worker had an MRI of the right shoulder. Per the doctor's note dated 11/25/14 patient had complaints of pain in neck that radiates in shoulder and arm bilaterally and back pain radiating to both legs. Physical examination of the neck and back revealed tenderness on palpation, limited range of motion and strength. The medication list include Ibuprofen, Tylenol, Lipitor and Lexapro.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Shiatsu x 12 sessions:** 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 pg. 60.

**Decision rationale:** Request: Shiatsu x 12 sessions Shiastu is a form of massage therapy. Per the CA MTUS guidelines cited below regarding massage therapy. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. Furthermore, many studies lack long-term follow up Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. The cited guidelines recommend massage therapy should be limited to 4-6 visits in most cases. The patient had an unspecified number of the massage and PT therapy. The requested additional visits in addition to the previously rendered massage visits are more than recommended by the cited criteria. The records submitted contain no accompanying current massage therapy evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous massage visits that is documented in the records provided. Previous massage visit notes were not specified in the records provided. A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Massage therapy / Shiatsu x 12 sessions is not fully established in this patient.