

Case Number:	CM15-0123677		
Date Assigned:	07/08/2015	Date of Injury:	08/06/2014
Decision Date:	08/04/2015	UR Denial Date:	06/12/2015
Priority:	Standard	Application Received:	06/26/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 53 year old female, who sustained an industrial injury on 8/6/2014. The mechanism of injury was pulling down boxes from overhead. The injured worker was diagnosed as status post right shoulder arthroscopy. There is no record of a recent diagnostic study. Treatment to date has included right shoulder arthroscopy, physical therapy and medication management. In a progress note dated 5/7/2015, the injured worker complains of right shoulder stinging that radiates to the hand, shoulder locking and improved range of motion. Physical examination showed improved motion and strength. The treating physician is requesting 12 visits of massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy - 2x6: 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 rationale: The claimant sustained a work injury in August 2014 and continues to be treated for right shoulder pain. She underwent an arthroscopic right rotator cuff decompression and repair in January 2015 with 12 physical therapy treatments completed as of 05/27/15. When seen, physical therapy had helped with range of motion. She was having episodes of a sharp stinging sensation in the shoulder traveling into her hand with locking of the shoulder occurring 1-2 times per day relieved with massage by the claimant. There was decreased shoulder range of motion with good strength. Massage therapy is recommended as an option. It should be an adjunct to other recommended treatments such as exercise. Guidelines recommend that it should be limited to 4-6 visits in most cases. In this case the number of treatment sessions is in excess of guideline recommendations and not medically necessary.