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| Case Number: | CM15-0126859 | | |
| Date Assigned: | 07/13/2015 | Date of Injury: | 04/23/1997 |
| Decision Date: | 08/07/2015 | UR Denial Date: | 06/05/2015 |
| Priority: | Standard | Application Received: | 06/30/2015 |

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, Florida, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 75 year old male, who sustained an industrial injury on 4/23/1997. The mechanism of injury was not noted. The injured worker was diagnosed as having derangement of shoulder joint, post-surgical status, not elsewhere classified, derangement of pelvic region and thigh joint and recurrent dislocation of shoulder. Treatment to date has included diagnostics and medications. Currently, the injured worker complains of continued pain in his bilateral hips and shoulders, along with numbness and tingling in his right hand. He was also having lower back myofascial pain. It was documented that there were specific tense points in his low back that may benefit from massage therapy, while also helping to help pain and spasms. Exam of his bilateral shoulders noted restricted range of motion and positive impingement signs. Exam of his hips noted well healed scars bilaterally and restricted range of motion. Exam of his right elbow showed reduced sensation in the right ulnar nerve distribution and positive Tinel's sign. Current medications included Hydrocodone and Percocet. His work status was not documented. The treatment plan included massage/manual therapy for the back and bilateral hips and shoulders, 2x3.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage/Manual therapy, Back, Bilateral Hips & Shoulders, 2 times weekly for 3 weeks, 6 sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 60.

Decision rationale: This claimant was injured in 1997, and holds diagnoses of derangement of the shoulder joint, post-surgical status, not elsewhere classified, derangement of pelvic region and thigh joint, and recurrent dislocation of shoulder. Treatment to date has included diagnostics and medications. There is continued pain in both hips and shoulders, and subjective numbness and tingling in his right hand. He was also having lower back myofascial pain. Current medications included Hydrocodone and Percocet. The request is for massage therapy. Regarding Massage therapy, the MTUS notes 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. Scientific studies show contradictory results. 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. It is not clear it is being proposed as an adjunct to other treatment, such as exercise. Also, it is not clear if it has been tried in the long injury care history since 1997 and what the outcomes were. The request is appropriately not medically necessary.