

<b>Case Number:</b>	CM15-0129513		
<b>Date Assigned:</b>	07/16/2015	<b>Date of Injury:</b>	01/07/2006
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/16/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/06/2015

### 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 54 year old female, who sustained an industrial injury on January 7, 2006. She reported pain in her neck, shoulder and subsequently low back pain. The injured worker was diagnosed as having chronic discogenic neck pain with bilateral cervical radiculopathy, cervical disc protrusions, chronic rotator cuff tendinitis/bicipital tendinitis left shoulder, chronic thoracic pain and trochanteric bursitis bilateral hips. Treatment to date has included surgery, exercise, medications, hot and cold packs and physical therapy. On June 22, 2015, the injured worker complained of left shoulder pain that is localized and radiates down the arm and into the face. The pain was rated as a 6 on a 0-10 pain scale. The treatment plan included recommendations for her to proceed with her current activity level, to take the recommended dose of NSAID and a return to full duty with no limitations or restrictions on June 24, 2015. On June 16, 2015, Utilization Review non-certified the request for six physical therapy visits and six myofascial massage visits, citing California MTUS Guidelines and Official Disability Guidelines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 physical therapy visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2006 and continues to be treated with radiating left shoulder pain. When seen, she was having severe neck spasms. She was performing a home exercise program. She had undergone a left shoulder arthroscopic rotator cuff repair and decompression in October 2014 with more than 30 postoperative physical therapy treatments. The claimant has already had post-operative physical therapy and the physical medicine treatment period has been exceeded. The claimant is being treated under the chronic pain guidelines had completed 14 physical therapy treatments including soft tissue massage two months prior to this request. Patients are expected to continue active therapies and compliance with an independent exercise program would be expected without a need for ongoing skilled physical therapy oversight. An independent exercise program can be performed as often as needed/appropriate rather than during scheduled therapy visits. In this case, the number of visits requested is in excess of that recommended or what might be needed to reestablish or revise the claimant's home exercise program. Skilled therapy in excess of that necessary could promote dependence on therapy provided treatments. The request is not medically necessary.

**6 myofascial massage visits:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**Decision rationale:** The claimant has a remote history of a work injury occurring in January 2006 and continues to be treated with radiating left shoulder pain. When seen, she was having severe neck spasms. She was performing a home exercise program. She had undergone a left shoulder arthroscopic rotator cuff repair and decompression in October 2014 with more than 30 postoperative physical therapy treatments. 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 claimant had completed 14 physical therapy treatments including soft tissue massage two months prior to this request. The number of treatments already provided is in excess of the guideline recommendation. Additional massage therapy is not medically necessary.