

Case Number:	CM15-0147390		
Date Assigned:	09/02/2015	Date of Injury:	08/01/1994
Decision Date:	10/05/2015	UR Denial Date:	07/27/2015
Priority:	Standard	Application Received:	07/29/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 48 year old female with an industrial injury dated 08-01-1994. Her diagnoses included right shoulder impingement syndrome status post arthroscopic debridement, chronic cervical spinal pain and right upper extremity thoracic outlet syndrome. Prior treatment included diagnostic blocks of cervical spine, occipital nerve root block (right sided), subacromial injection, diagnostics and medications. She presents on 07-20-2015 with complaints of shoulder pain and decreased range of motion. She rates the pain as 3 out of 10. The pain is located in the cervical spine and right shoulder. Physical exam noted tenderness in the right paraspinous area of cervical spine with restricted range of motion with her right shoulder due to muscle spasm. She had sensory deficit to the right hand most notable to the first three fingers. She had decreased range of motion and findings for impingement of the right shoulder. The treatment request is for: Clinical Massage Therapy 1 x 12 (Cervical, Right Shoulder). Chiropractic Sessions 1 x 12 (Cervical, Right Shoulder).

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic Sessions 1x12 (Cervical, Right Shoulder): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulations.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic treatment Page(s): 58-60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Chiropractic treatment.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, chiropractic sessions 1x12 (cervical, right shoulder) are not medically necessary. Manual manipulation and therapy is that recommended for chronic pain is caused by musculoskeletal conditions. The intended goal or effective manual medicine is the achievement of positive symptomatic or objective measurable gains and functional improvement. Manipulation, therapeutic care-trial of 6 visits over two weeks. With evidence of objective functional improvement, total of up to 18 visits over 6 to 8 weeks. Elective/maintenance care is not medically necessary. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome status post arthroscopic debridement; chronic cervical spine pain likely facetogenic and discogenic; right upper extremity thoracic outlet syndrome; and focal entrapment neuropathy wrist. The date of injury is August 1, 1994. Request for authorization is July 20, 2015. The documentation shows the injury is 20 years old. The medical record contains 33 pages. The utilization review states January 29, 2015 the injured worker was certified six chiropractic sessions. There is no documentation of those who chiropractic sessions or documentation demonstrating objective functional improvement. There is no documentation in the medical record (over 20 years) of massage therapy. According to the most recent progress note dated June 9, 2015, as noted above, there is no documentation of prior physical therapy, chiropractic treatment or massage treatment. Subjectively, the injured worker complains of right shoulder pain and neck pain. Objectively, there is tenderness the palpation over the paraspinal muscle groups with decreased range of motion of the right shoulder. There is no documentation demonstrating objective functional improvement. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation demonstrating objective functional improvement from prior chiropractic treatments, total number of chiropractic treatments over the last 20 years and a clinical indication and rationale for additional chiropractic treatment, chiropractic sessions 1x12 (cervical, right shoulder) are not medically necessary.

Clinical Massage Therapy 1x12 (Cervical, Right Shoulder): 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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, clinical massage therapy one time per week times 12 weeks to the cervical and right shoulder is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment; especially active interventions (e.g. exercise).

Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy 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. In this case, the injured worker's working diagnoses are right shoulder impingement syndrome status post arthroscopic debridement; chronic cervical spine pain likely facetogenic and discogenic; right upper extremity thoracic outlet syndrome; and focal entrapment neuropathy wrist. The date of injury is August 1, 1994. Request for authorization is July 20, 2015. The documentation shows the injury is 20 years old. The medical record contains 33 pages. The utilization review states January 29, 2015 the injured worker was certified six chiropractic sessions. There is no documentation of those chiropractic sessions or documentation demonstrating objective functional improvement. There is no documentation in the medical record (over 20 years) of massage therapy. According to the most recent progress note dated June 9, 2015, as noted above, there is no documentation of prior physical therapy, chiropractic treatment or massage treatment. Subjectively, the injured worker complains of right shoulder pain and neck pain. Objectively, there is tenderness the palpation over the paraspinal muscle groups with decreased range of motion of the right shoulder. According to a February 24, 2015 progress note, 12 massage therapy sessions were requested. There is no documentation indicating the 12 massage therapy sessions were completed. There is no documentation demonstrating objective functional improvement from the 12 massage therapy sessions. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, documentation of prior massage therapy and objective functional improvement and compelling clinical documentation indicating additional massage therapy is clinically warranted, clinical massage therapy one time per week times 12 weeks to the cervical and right shoulder is not medically necessary.