

Case Number:	CM15-0175275		
Date Assigned:	09/16/2015	Date of Injury:	08/21/2014
Decision Date:	10/23/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	09/04/2015

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

Certification(s)/Specialty: Chiropractor

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 40 year old female, who sustained an industrial injury on 08-21-2014. The injured worker is currently "unable to perform usual work" per progress noted dated 06-22-2015. Medical records indicated that the injured worker is undergoing treatment for bilateral shoulder sprain-strain and left foot contusion. Treatment and diagnostics to date has included x-rays and medications. Medications have included Ibuprofen, Relafen, and Flector patch. Right shoulder x-ray report dated 06-25-2015 stated mild degenerative arthrosis at acromioclavicular joint and small enthesophyte at greater tubercle and left foot x-ray report dated 06-23-2015 stated a hallux valgus deformity with mild soft tissue fullness medial to the first metatarsophalangeal joint and degenerative enthesophyte at Achilles tendon insertion on the calcaneus. In a progress note dated 06-22-2015, the injured worker reported bilateral shoulder pain (right greater than left) and left foot pain. Objective findings included decreased range of motion to right shoulder and right ankle. The request for authorization dated 06-22-2015 requested acupuncture, e-acupuncture, and massage. The Utilization Review with a decision date of 08-10-2015 non-certified the request for massage for the left foot and right shoulder-16 visits (2x week x 8 weeks).

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage for the L foot and R shoulder, sixteen visits (twice a week for eight weeks):
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition (web) 2015, Ankle and Foot, Massage; Shoulder, Massage.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: The claimant presented with ongoing pain in the left foot and bilateral shoulders. Previous treatments include medications and topical lidoderm patches. Although the claimant had recovered since May and returned to work full duties, current complaint on 06/22/2015 and diagnoses lack documentation of muscle spasm and myofascial pain. The request for 16 visits of massage therapy also exceeded MTUS guidelines recommendation. Therefore, it is not medically necessary.