

Case Number:	CM15-0021328		
Date Assigned:	02/11/2015	Date of Injury:	11/20/2013
Decision Date:	04/09/2015	UR Denial Date:	01/14/2015
Priority:	Standard	Application Received:	02/04/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, 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:

This 50-year-old woman sustained an industrial injury on 11/20/2013 to her neck and shoulder after falling. Current diagnoses include left knee sprain with internal derangement and buckling, right knee contusion and sprain, right shoulder sprain with probable internal derangement, and cervical sprain. Treatment has included oral medications, physical therapy, and surgical intervention. Physician notes dated 1/6/2015 show complaints of nausea and right lateral and foot pain rated 6-7/10. Recommendations include refilling medications, massage therapy in conjunction with physical therapy, and cortisone injection. On 1/14/2015, Utilization Review evaluated a prescription for eight sessions of massage therapy for the right shoulder and neck that was submitted on 1/30/2015. The UR physician noted there was no documentation of spasms or unusual circumstances effecting her post-operative recovery to warrant massage therapy. The MTUS, ACOEM Guidelines, (or ODG) was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage therapy x 8 sessions for the right shoulder and neck: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Shoulder, Massage.

Decision rationale: Per the ODG guidelines with regard to massage therapy directed at the shoulder: Recommended as an option. While very little research has been conducted into the effectiveness of massage for shoulder pain, recent research is painting a more favorable picture. In the past, there was conflicting evidence of the efficacy of massage in the treatment of shoulder disorders. (Philadelphia, 2001) This meta-analysis also concluded there is conflicting evidence of the efficacy of massage in the treatment of shoulder pain. (Verhagen-Cochrane, 2004) Physical modalities, such as massage, diathermy, cutaneous laser treatment, ultrasonography, transcutaneous electrical neurostimulation (TENS) units, and biofeedback are not supported by high quality medical studies, but they may be useful in the initial conservative treatment of acute shoulder symptoms, depending on the experience of local physical therapy providers available for referral. I respectfully disagree with the UR physician, the guidelines do not mandate documentation of spasms or unusual circumstances affecting post-operative recovery to warrant massage therapy. The request is medically necessary.