

Case Number:	CM15-0024292		
Date Assigned:	02/13/2015	Date of Injury:	05/19/2008
Decision Date:	07/29/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/09/2015

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: 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 54 year old female, who sustained an industrial injury on 5/19/2008. Diagnoses were not provided. Treatment to date has included surgical intervention (cervical spine 8/03/2014 and left shoulder 1/2014), physical therapy, medications including Hydrocodone and Soma and work modifications. Magnetic resonance imaging (MRI) of the neck and upper extremities (undated) showed a full thickness tear of the supraspinatus and a new partial tear of the infraspinatus which was new when compared to prior studies. MRI of the cervical spine dated 8/02/2014 showed persistent multilevel central spinal stenosis. Per the Agreed Medical Reevaluation dated 8/18/2014, the injured worker reported left shoulder and cervical pain. She reports pain and limitation of mobility of her left shoulder with generalized numbness and tingling down the left upper extremity and to some degree similar complaints down her right upper extremity. Physical examination revealed staples present posteriorly from surgery two weeks prior. A complete exam was attempted but suspended due to increased pain and discomfort from recent surgery. The plan of care included follow up care. Authorization was requested for physical therapy evaluation, physical therapy reevaluation and massage therapy (2x6) for neck and bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical therapy (PT) to neck and bilateral upper extremities consisting of one (1) physical therapy evaluation and one physical therapy re-evaluation and twelve (12) massage therapy sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine, Functional I improvement measures and Massage Therapy Page(s): 98-99, 48, 60.

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

Decision rationale: MTUS Guidelines are very specific with the recommendation that due to the passive nature of massage therapy the number of sessions be limited to 4-6 sessions. The request for a physical therapy evaluation and re-evaluation associated with massage therapy is not well supported as it appears to be integral with the request for massage. When formal physical therapy is initiated, a physical therapy evaluation is generally considered usual and customary care without the need for specific authorization. There are no unusual circumstances to justify an exception to Guidelines. The request for physical therapy (PT) to neck and bilateral upper extremities consisting of one (1) physical therapy evaluation and one physical therapy re-evaluation and twelve (12) massage therapy sessions is not supported by Guidelines and is not medically necessary.