

Case Number:	CM15-0061468		
Date Assigned:	04/07/2015	Date of Injury:	09/13/2013
Decision Date:	06/11/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/01/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 35 year old female who sustained an industrial injury on 9/13/13 involving her neck, chest, right arm and right shoulder while carrying items. She was diagnosed with right shoulder strain and trapezius strain. Narprosyn and Lidocaine cream were prescribed along with physical therapy. The injured worker was placed on modified duty. Of note, six weeks prior to the above-mentioned industrial injury the injured worker complained of pain in the neck radiating into the right ear and right shoulder and ice was recommended. She saw pain management in 2/2014 who diagnosed cervical radiculopathy and radiculitis, rule out right shoulder impingement and reactive sleep disturbance. She was prescribed cervical MRI, electrodiagnostic studies of the upper extremities and pain psychology consult. Pain management also prescribed Naprosyn, Flexaril, Norco, Methoderm cream and pantoprazole. The injured worker currently (12/31/14) complains of constant, burning pain in her neck, right shoulder, and right upper extremity with numbness and tingling in her right arm and fingers of both hands. Her pain level is 4-6/10. Current medications are naproxen, ibuprofen, Terocin patches and cyclobenzaprine. Diagnoses include cervical strain; pre-existing congenital spinal stenosis; cervical spine disc bulge; myofascial pain syndrome; bilateral carpal tunnel syndrome; right shoulder strain; degenerative osteoarthritis, acromioclavicular joint, right shoulder; compensable left shoulder injury; progressive bilateral adhesive capsulitis. Treatments to date include medications, physical therapy with no relief, massage with relief and rest. Diagnostics include cervical MRI (4/14/14) with abnormal results; electrodiagnostic studies of the bilateral upper

extremities (4/22/14) abnormal. In the progress note dated 12/131/14 the treating provider recommends massage therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Massage Therapy x 6 Visits for Bilateral Shoulders: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 60.

Decision rationale: CA MTUS recommends massage therapy, for active tissue or myofascial release, as an adjunct to other therapies, such as exercise and states that it should be limited to 4-6 sessions. Massage is a passive treatment and treatment dependence should be avoided. The claimant has already been treated with massage therapy x 10 in the recent past and the request for 6 additional sessions exceeds guideline recommendation. Massage x 6 for bilateral shoulders is not medically necessary.

Massage Therapy x 6 Visits for Neck: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 60.

Decision rationale: CA MTUS recommends massage therapy, for active tissue or myofascial release, as an adjunct to other therapies, such as exercise and states that it should be limited to 4-6 sessions. Massage is a passive treatment and treatment dependence should be avoided. The claimant has already been treated with massage therapy x 10 in the recent past and the request for 6 additional sessions exceeds guideline recommendation. Massage x 6 for neck is not medically necessary.