

Case Number:	CM15-0075007		
Date Assigned:	04/24/2015	Date of Injury:	07/31/2013
Decision Date:	06/04/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/20/2015

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: Physical Medicine & Rehabilitation, 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:

The injured worker is a (n) 62-year-old female, who sustained an industrial injury on 7/31/13. She reported pain in her left hand, left shoulder and neck. The injured worker was diagnosed as having left shoulder rotator cuff tear, left elbow strain, cervical strain and adhesive capsulitis. Treatment to date has included physical therapy, acupuncture, an EMG/NCV study and pain medications. As of the PR2 dated 3/4/15, the injured worker reports continued pain in her neck and left shoulder. She is not in therapy and is out of prescription medications. The treating physician noted decreased range of motion in the left shoulder. There was no examination of the cervical spine. The treating physician requested massage therapy x 6 sessions for the cervical spine. It was noted that the request was for PT including massage.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 massage therapy sessions cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 60, 98-99 of 127. Decision based on Non-MTUS Citation ODG, Neck Chapter, Physical Medicine.

Decision rationale: Regarding the request for massage therapy, it appears that the provider is recommending physical therapy including massage. Chronic Pain Medical Treatment Guidelines recommend a short course (10 sessions) of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of therapy. ODG recommends a trial of therapy. If the trial of therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no documentation of specific objective functional improvement with any previous sessions and remaining deficits that cannot be addressed within the context of an independent home exercise program yet are expected to improve with formal supervised therapy. In light of the above issues, the currently requested massage therapy is not medically necessary.