

<b>Case Number:</b>	CM15-0090155		
<b>Date Assigned:</b>	05/14/2015	<b>Date of Injury:</b>	03/20/1996
<b>Decision Date:</b>	06/22/2015	<b>UR Denial Date:</b>	04/28/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/11/2015

### 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 53 year old female, who sustained an industrial injury on 3/20/1996. Diagnoses have included rotator cuff syndrome, carpal tunnel syndrome, neck pain, myofascial pain and thoracic outlet syndrome. Treatment to date has included physical therapy, chiropractic treatment, rest and medication. According to the progress report dated 4/15/2015, the injured worker complained of bilateral arm pain in shoulders, arms, hands and fingers and bilateral neck pain. Current pain was rated 8/10. Worst pain was rated 10/10. She complained of weakness in the bilateral upper extremities and numbness and tingling in her fingers. She reported weight gain and interference with sleep. The injured worker was continuing with her home exercise program and was attempting to increase her walking stamina. The injured worker reported that chiropractic treatment had been helpful in the past. Authorization was requested for chiropractic treatment and massage therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**6 sessions of chiropractic treatment over 3 weeks for the bilateral shoulders: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy and Manipulation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation CA MTUS Chiropractic Section pages 58-60.

**Decision rationale:** In the case of this injured worker, the medical records indicate that unknown number of chiropractic therapy has been trialed by this injured worker. This is indicated in a note on date of service 4/15/15. However, the functional benefit of this previous chiropractic manipulation was not documented. Functional benefit can be defined as any clinically significant improvement in daily activities, reduction of work restrictions, or return to work. Given the absence of documented functional improvement, this request is not medically necessary.

**6 sessions of massage therapy over 3 weeks for the bilateral shoulder:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines massage therapy Page(s): 60.

**Decision rationale:** Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, there is no indication as to the number of massage therapy visits the patient has previously undergone. Even though the patient reports subjective improvement from prior massage therapy sessions, there is no documentation of objective functional improvement. Lastly, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.