

<b>Case Number:</b>	CM13-0022495		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	05/14/2003
<b>Decision Date:</b>	06/17/2014	<b>UR Denial Date:</b>	08/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/10/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a Physician Reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The Physician Reviewer is Board Certified in Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 Physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 53 year-old patient sustained an injury on 5/14/2003 while employed by [REDACTED]. Request(s) under consideration include Massage therapy for the neck and shoulders. According to the report of 5/8/13, the patient has ongoing bilateral shoulders and neck pain. She is status post (s/p) left ulnar neurolysis on 4/12/13 and right shoulder arthroscopy on 11/29/11. The patient continues with numbness into left elbow and 3rd-5th digits; has been receiving physical therapy and wearing a brace which helped. Exam showed neck with +TTP and restricted motion (unspecified) with spasm; left shoulder with ff/abd of 130/130 degrees with 4+/5 and pain on resisted range; unchanged; right shoulder with ff/abd of 100/90 degrees with decreased strength (unspecified)/TTP; unchanged. Diagnoses include shoulder arthritis/ tendonitis/ impingement syndrome s/p SAD, Mumford, rotator cuff repair; Neck sprain; Left elbow ulnar neuritis; and unspecified neuritis/radiculitis. Treatment included continued PT with HEP and bracing along with medications and steroid injection. The patient remained temporarily totally disabled. Report of 8/1/13 from the provider noted left elbow/hand and shoulder chronic pain with hand numbness of 4th and 5th digits. EMG/NCV of 7/30/13 showed right ulnar neuropathy across elbow without entrapment or radiculopathy. Exam was essentially unchanged with limited range in the shoulder that has worsened, diffuse muscle weakness and positive impingement and tinels with spasm and pain on resistive movement. Request(s) for Massage therapy for the neck and shoulders was modified from 8 to 4 sessions on 8/27/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Massage therapy for the neck and shoulders:** Upheld

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

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

**Decision rationale:** This employee sustained an injury on 5/14/2003 while employed by [REDACTED]. Request(s) under consideration include Massage therapy for the neck and shoulders. According to the report of 5/8/13, the employee has ongoing bilateral shoulders and neck pain. The employee is s/p left ulnar neurolysis on 4/12/13 and right shoulder arthroscopy on 11/29/11. The employee continues with numbness into left elbow and 3rd-5th digits; has been receiving physical therapy and wearing a brace which helped. Exam showed neck with +TTP and restricted motion (unspecified) with spasm; left shoulder with ff/abd of 130/130 degrees with 4+/5 and pain on resisted range; unchanged; right shoulder with ff/abd of 100/90 degrees with decreased strength (unspecified)/ TTP; unchanged. Diagnoses include shoulder arthritis/ tendonitis/ impingement syndrome s/p SAD, Mumford, rotator cuff repair; Neck sprain; Left elbow ulnar neuritis; and unspecified neuritis/radiculitis. Treatment included continued PT with HEP and bracing along with medications and steroid injection. The employee remained temporarily totally disabled. Report of 8/1/13 from the provider noted left elbow/hand and shoulder chronic pain with hand numbness of 4th and 5th digits. EMG/NCV of 7/30/13 showed right ulnar neuropathy across elbow without entrapment or radiculopathy. Exam was essentially unchanged with limited range in the shoulder that has worsened, diffuse muscle weakness and positive impingement and tinels with spasm and pain on resistive movement. Request(s) for Massage therapy for the neck and shoulders was modified from 8 to 4 sessions on 8/27/13 citing guidelines criteria and lack of medical necessity. Massage is recommended for time-limited use in subacute and chronic pain patients without underlying serious pathology and as an adjunct to a conditioning program that has both graded aerobic exercise and strengthening exercises; however, this is not the case for this 2003 injury status post significant conservative physical therapy currently on an independent home exercise program with plan for continued formal physical therapy sessions. The employee has remained not working for years. A short course may be appropriate during an acute flare-up; however, this has not been demonstrated nor are there any documented clinical change or functional improvement from treatment rendered previously. Without any new onset or documented plan for a concurrent active exercise program, criteria for massage therapy have not been established according to the MTUS Chronic Pain Guidelines. The Massage therapy for the neck and shoulders is not medically necessary and appropriate.