

Case Number:	CM13-0010075		
Date Assigned:	10/11/2013	Date of Injury:	12/13/2010
Decision Date:	11/03/2015	UR Denial Date:	07/29/2013
Priority:	Standard	Application Received:	08/12/2013

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: Texas, New York, 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 applicant is a represented 48-year-old who has filed a claim for chronic shoulder and wrist pain reportedly associated with an industrial injury of December 13, 2010. In a Utilization Review report dated July 29, 2013, the claims administrator failed to approve a request for four sessions of massage therapy. The claims administrator's decision was based on non-MTUS Third Edition ACOEM Guidelines but did not, however, incorporate the same into its rationale. An RFA form received on July 19, 2013 was cited in the determination. The applicant's attorney subsequently appealed. On said July 19, 2013 RFA form, four sessions of massage therapy were sought. In an associated progress note dated July 18, 2013, the applicant apparently reported complaints of wrist and shoulder pain. The applicant had undergone shoulder ORIF surgery and a rotator cuff repair surgery, it was reported. The applicant had returned to regular duty work but apparently reported residual complaints of popping and cracking about the shoulder. The applicant reported diminished range of motion about the shoulder and 3/10 shoulder pain complaints with flexion and abduction to 150 degrees range were evident. The applicant was asked to pursue four sessions of massage therapy for the primary operating diagnosis of shoulder pain. Relafen and Vicodin were renewed. The note in question seemingly represented the sole note on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Four (4) massage therapy sessions for the right shoulder area: Overturned

Claims Administrator guideline: Decision based on MTUS Shoulder Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

Decision rationale: Yes, the request for four sessions of massage therapy for the shoulder was medically necessary, medically appropriate, and indicated here. As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended as an adjunct to other recommended treatments, such as exercise, and should be limited to four to six visits in most cases. Here, the request for four sessions of massage therapy is in-line with the four- to six-session course of massage therapy espoused on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant was seemingly intent on employing the massage therapy in conjunction with a program of functional restoration, as evinced by his successful return to regular duty work as of the July 18, 2013 office visit. The applicant was described as exhibiting diminished shoulder range of motion and/or shoulder stiffness complaints, which were seemingly amenable to massage treatment, the treating provider contented. Pursuing the same, thus, was indicated. Therefore, the request was medically necessary.