

Case Number:	CM13-0001759		
Date Assigned:	12/11/2013	Date of Injury:	02/16/2010
Decision Date:	01/29/2014	UR Denial Date:	07/01/2013
Priority:	Standard	Application Received:	07/17/2013

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 Occupational Medicine 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.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Thus far, the applicant has been treated with the following: Analgesic medications; prior right knee arthroscopy; at least 12 sessions of myofascial release therapy in 2013; home exercises; initial return to regular work, as of December 2012; and subsequent removal from the workplace following knee and shoulder surgery. In a utilization review report of July 1, 2013, the claims administrator denied a request for further myofascial release therapy. The applicant later appealed, on July 15, 2013. An earlier note of June 17, 2013 is notable for comments that the applicant finds a deep tissue massage/myofascial therapy quite helpful. The applicant states that he doing home exercises, is not using any medications, and is now off of work owing to shoulder and knee surgery. Additional myofascial release therapy and deep tissue are sought while the applicant remains off of work. Naprosyn is to be used on p.r.n. basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of myofascial release therapy/deep tissue massage: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Massage therapy.

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

Decision rationale: As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, myofascial release therapy/massage therapy should be considered as an adjuvant to

other recommended treatments, such as exercise and should generally be limited to four to six visits in most cases. In this case, the applicant has already had prior treatment in 2013 alone (12 sessions), which represents treatment in the excess of the MTUS Guideline. The applicant has already seemingly transitioned to a home exercise program. It is unclear what role further massage would serve in this case. Since the applicant has already been transitioned to home exercise program, has been declared MMI, etc., it is difficult to support additional massage therapy in excess of the MTUS Guideline.