

<b>Case Number:</b>	CM13-0002426		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	07/31/2008
<b>Decision Date:</b>	02/24/2014	<b>UR Denial Date:</b>	07/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/22/2013

### 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 Internal Medicine and Cardiology, was fellowship trained in cardiovascular disease, and is licensed to practice in Texas. 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:

The patient is a 50-year-old male who reported a work related injury on 7/31/08; the specific mechanism of injury not stated. The patient presents for treatment of right rotator cuff syndrome, status post surgery, left shoulder pain secondary to overuse, myofascial pain syndrome, and chronic pain syndrome. The clinical note dated 6/26/13 reports the patient had recently completed six sessions of deep tissue massage and myofascial therapy and found it helpful. The patient reports rate of pain at 8/10. The patient utilizes Remeron, Cymbalta, Lidoderm patch, Norco, and Nexium. Upon physical exam of the patient's right upper extremity, flexion was noted to be at 85 degrees, abduction 40 degrees, and left upper extremity had full range of motion with impingement at 90 degrees. The provider recommended continued myofascial therapy deep tissue massage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**six sessions of myofascial therapy / deep tissue massage:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines

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

**Decision rationale:** The patient has utilized a total of 21 sessions of myofascial therapy / deep tissue massage for his right shoulder symptomatology. The California MTUS indicates this treatment should be an adjunct to other recommended treatments, such as physical therapy/exercise, and it should be limited to 4-6 visits in most cases. Given that the patient has utilized 21+ sessions of myofascial therapy/deep tissue massage without evidence of significant objective functional improvements about the right shoulder noted, the request for six sessions of myofascial therapy/deep tissue massage is not medically necessary or appropriate.