

Case Number:	CM13-0007837		
Date Assigned:	09/11/2013	Date of Injury:	04/16/2007
Decision Date:	01/22/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	08/07/2013

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 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 patient is a 34-year-old female who reported an injury on 04/16/2007. The documentation submitted for review indicates that the patient has complaints of pain to the neck and trapezius with no evidence of radicular symptoms or stiffness. The notes indicate that the patient has been made better with massage and exercise. The most recent clinical evaluation of the patient was completed on 07/11/2013 per the clinical notes submitted for review. The notes indicate that the patient's cervical spine range of motion was normal without evidence of impingement and the right shoulder range of motion and motor strength was full. The bilateral upper extremities demonstrated full motor strength and no evidence of Cozen's sign. There was moderate tenderness to palpation of the right greater than left trapezius, supraspinatus, longissimus, and rhomboideus; with radiating pain to the head and neck. Left hand grip strength was 5/5 and there was no evidence of active triggering with positive Finkelstein's noted on the left. The notes indicated that the patient had consistently benefitted from myofascial therapy and that the patient was able to return to work full time and at full duty. Therefore, a request was made for 6 additional treatments once every 2 weeks. The notes indicated also that the patient was currently utilizing a home exercise program as well as stretching and Biofreeze gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy 6 visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California Chronic Pain Medical Treatment Guidelines state that massage therapy is recommended as an option for treatment. This treatment should be adjunct to other recommended treatments and it should be limited to 4-6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long-term follow up. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. The documentation submitted for review details no functional deficits for the patient as of the most recent exam on 07/11/2013. While the notes indicate that the patient has demonstrated efficacy from prior sessions of treatment, the request for 6 sessions of treatment on top of the already completed sessions would exceed the recommendation of the guidelines. Furthermore, there is no evident long-term benefit from massage therapy. Given the above, the request for 6 myofascial therapy visits is not medical necessary and appropriate.