

Case Number:	CM13-0019944		
Date Assigned:	10/11/2013	Date of Injury:	01/16/2007
Decision Date:	01/24/2014	UR Denial Date:	08/22/2013
Priority:	Standard	Application Received:	09/04/2013

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 and Rehabilitation and is licensed to practice in Oklahoma and 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 60-year-old female with a reported injury date of 01/16/2007. The patient presented with neck pain, posterior shoulder pain radiating to her left upper extremity, pain in her low back radiating to the left lower extremity, myofascial pain, and tender trigger points over the trapezius, mid scapula, and scapular musculature. The patient's motor strength was intact and the patient's sensation was intact. The patient had diagnoses including cervical degenerative disc disease, repetitive strain injury with myofascial pain syndrome of the neck and bilateral upper extremities, and a history of low back strain with underlying degenerative disc disease. The physician's treatment plan consisted of a request for myofascial therapy/deep tissue massage once a week for 6 weeks for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Therapy / deep tissue massage, once a week for six weeks: 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 Section on Manual therapy and manipulation Page(s): 58-60.

Decision rationale: The California MTUS guidelines note that chiropractic treatment is recommended for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of Manual Medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and a return to productive activities. The guidelines note chiropractic care of the ankle & foot, for carpal tunnel syndrome, of the forearm, wrist, & hand, and of the knee are not recommended. The guidelines recommend up to 4-6 treatments in order to produce effect; with evidence of objective functional improvement, up to a maximum of 8 weeks of treatment may be recommended. The guidelines recommend a frequency of 1 to 2 times per week the first 2 weeks, as indicated by the severity of the condition, and treatment may continue at 1 treatment per week for the next 6 weeks. Per the provided documentation, the patient completed 6 sessions of myofascial therapy/deep tissue massage with excellent benefits. The patient noted decreased pain symptoms and increased functional activities of daily living and exercises. However, within the provided documentation, the requesting physician did not include an adequate and complete assessment of the patient's objective functional condition before and after therapy in order to demonstrate objective functional improvements with the use of the therapy. Therefore, the request for myofascial therapy/deep tissue massage once a week for 6 weeks is neither medically necessary, nor appropriate.