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| Case Number: | CM13-0022237 | | |
| Date Assigned: | 11/13/2013 | Date of Injury: | 06/02/2009 |
| Decision Date: | 01/16/2014 | UR Denial Date: | 09/03/2013 |
| Priority: | Standard | Application Received: | 09/09/2013 |

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 Anesthesiology, has a subspecialty in Pain 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. 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 46-year-old female who reported an injury on 06/02/2009, due to overuse. She was treated with chiropractic care, physical therapy, acupuncture, and myofascial release. The patient's pain was managed with medications. However, the patient continued to be symptomatic. The most recent clinical exam findings included cervical spine range of motion and forward flexion produced pain, extension was limited to 45 degrees, left rotation was limited to 45 degrees, and right rotation was limited to 65 degrees. The patient had a positive right-sided Spurling's test. The patient's diagnoses included a cervical sprain and a torn rotator cuff. The patient's treatment plan included 8 sessions of myofascial release therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for eight sessions of myofascial release therapy for the right shoulder and neck: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

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

Decision rationale: The requested 8 sessions of myofascial release therapy for the right shoulder and neck are not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has persistent pain complaints in the right shoulder. Clinical documentation submitted for review does indicate that the patient previously underwent this type of therapy for the left shoulder with very successful results. However, California Medical Treatment Utilization Schedule recommends this type of therapy as an adjunct therapy to active therapy. The clinical documentation submitted for review does not provide evidence that the patient is participating in any type of active therapy program. The California Medical Treatment Utilization Schedule recommends this type of therapy be limited to 4 to 6 visits. The request is in excess of this recommendation. There are no exceptional factors noted within the documentation to support extending treatment beyond guideline recommendations. As such, the requested 8 sessions of myofascial release therapy for the right shoulder and neck is not medically necessary or appropriate.