

Case Number:	CM13-0053653		
Date Assigned:	12/30/2013	Date of Injury:	03/30/2011
Decision Date:	06/19/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 expert 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 64 year-old male who was injured on 3/30/2011. He has been diagnosed with pain in limb; and pain in upper arm/elbow joint. According to the 10/22/13 anesthesiology/pain management report from [REDACTED], the patient presents with sensitivity over the biceps with decreased muscle strength and myofascial pain. He was thought to have Complex Regional Pain Syndrome (CRPS), but the recent bone scan was normal. The physician requested myofascial release for the right biceps total of 6 sessions. On 11/8/13 Utilization Review (UR) recommended against this.

IMR ISSUES, DECISIONS AND RATIONALES

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

MYOFASCIAL RELEASE OF THE RIGHT BICEP (1 TIME PER WEEK FOR 6 WEEKS): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy .

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

Decision rationale: According to the 10/22/13 anesthesiology/pain management report from ■■■■■, the patient presents with sensitivity over the biceps with decreased muscle strength and myofascial pain. He was thought to have Complex Regional Pain Syndrome (CRPS), but the recent bone scan was normal. The review is for myofascial release for the right biceps x6 sessions. MTUS recommends massage therapy and states it should be an adjunct to exercise and should be limited to 4-6 sessions. The records show the patient is P&S, he is active, but only uses his left arm. The physician did note myofascial findings in the right biceps, and it appears that a trial of myofascial release would be appropriate and this appears to be in accordance with MTUS guidelines. The request is medically necessary and appropriate.