

Case Number:	CM13-0058282		
Date Assigned:	04/25/2014	Date of Injury:	12/08/2006
Decision Date:	06/11/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/26/2013

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 & Rehabilitation 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 53-year-old female with a date of injury of 12/08/2006. The listed diagnoses per [REDACTED] include depressive disorder, sprain/strain of shoulder and upper arm, other general symptom, other specified disorder of rotator cuff, pain in limb. According to a report dated 10/22/2013 by [REDACTED], the patient presents with right shoulder pain. The pain is rated 9/10 and radiates down to the elbow. The shoulder joint injection helped in the past to relieve the pain and the patient would like to consider another one. The treater notes physical therapy "did not help her in the past." Examination of the right shoulder revealed movements are restricted with extension. On palpation, tenderness is noticed in the acromioclavicular joint. There is tenderness noted in the glenohumeral joint. Possibility of additional physical therapy was discussed. The patient "refused as she does HEP at home and does not feel PT is helpful." The patient is willing to try myofascial therapy. The recommendation is for myofascial therapy to the right shoulder and elbow 2 times a week for 4 weeks. A utilization review denied the requests on 11/01/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MYOFASCIAL THERAPY RIGHT SHOULDER AND ELBOW TWO TIMES A WEEK FOR FOUR WEEKS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY AND MANIPULATION Page(s): 58-59.

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

Decision rationale: The MTUS Chronic Pain Guidelines has the following regarding massage therapy: "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise) and it should be limited to 4-6 visits in most cases." A review of medical records from 05/21/2013 to 10/22/2013 does not indicate that this patient has had any prior massage therapy. A trial of 4-6 visits may be indicated, but the treater is requesting 8 sessions which exceeds what is recommended by the MTUS Chronic Pain Guidelines. The request is not medically necessary and appropriate.