

Case Number:	CM13-0063731		
Date Assigned:	12/30/2013	Date of Injury:	10/27/2009
Decision Date:	04/18/2014	UR Denial Date:	11/27/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational 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 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 applicant is represented employee who has filed a claim for chronic shoulder pain, neck pain, myofascial pain, and sleep disturbance associated with an industrial injury of October 17, 2009. Thus far, the applicant has been treated with the following: analgesic medications; at least nine sessions of massage therapy/myofascial therapy; a Thera Cane massager; topical agents; opioid agents; sleep aid; and reported return to regular work. On November 7, 2013, the applicant presented to the primary treating provider and was described as having completed nine recent sessions of myofascial therapy which reportedly resulted in improved range of motion and diminished headaches. The applicant nevertheless continues to use Voltaren gel and Melatonin. She also uses a Thera Cane massager. Cervical tenderness and limited range of motion were appreciated. The applicant was returned to regular duty work. Trigger point injections were performed in the clinic. Additional myofascial therapy was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

CONTINUED MYOFASCIAL THERAPY NECK AND RIGHT SHOULDER: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 and 98.

Decision rationale: The applicant has already had prior treatment (at least nine sessions) of massage therapy/myofascial therapy, which is in excess of the four to six sessions recommended in the MTUS Chronic Pain Medical Treatment Guidelines. The Guidelines further note that massage therapy should be employed only as an adjunct to other recommended treatments, such as exercise. In this case, the applicant has already had treatment in excess of MTUS parameters. It is further noted that the Guidelines emphasize active therapy, active modalities, and self directed physical medicine during the chronic pain phase of an injury. Continued massage therapy or myofascial release therapy is not indicated, for all the stated reasons. Therefore, the requested services are not medically necessary or appropriate.