

<b>Case Number:</b>	CM13-0070059		
<b>Date Assigned:</b>	01/17/2014	<b>Date of Injury:</b>	01/15/2013
<b>Decision Date:</b>	05/28/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/24/2013

### 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 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 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 injured worker is a 29 year old female with a reported injury date of 01/15/2013; the mechanism of injury was not provided. The clinical note dated 09/04/2013 noted the injured worker was feeling 15% better and had subjective complaints that included neck and bilateral upper extremity pain rated at 2-3/10. Objective complaints included discrete tender trigger points over the neck, posterior shoulders and upper extremities, and normal motor and sensory examination. The injured workers medication regimen included Flexeril 10mg 1/4 to 1/5 tablet at bed time #30 and Lidoderm patches for pain relief for unknown duration; the injured worker has been prescribed the medication since at least 04/23/2013. Treatment to dates included physical therapy x 6 as of 08/28/2013, biofeedback x4 as of 08/23/2013, occupational therapy x2 as of 04/02/2013, and massage therapy of unknown quantity as of 05/16/2013. An electrodiagnostic study was completed on 05/16/2013 which showed no evidence of nerve damage.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **MYOFASCIAL THERAPY 1X6 TO TREAT THE NECK AND UPPER EXTREMITIES:**

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 Massage Therapy Page(s): 60.

**Decision rationale:** The California MTUS guidelines recommended massage therapy as an option. However, the treatment should be used as an adjunct to other recommended treatment (e.g. exercise). The documentation provided does not provide adequate evidence that the injured worker would be utilizing the therapy as an adjunct to an active treatment modality. Additionally, the guidelines state that this therapy should be limited to 4-6 visits. Based on the documentation provided it is unclear how many sessions the injured worker has already received. As such the request for six Myofascial therapy sessions is not medically indicated.