

Case Number:	CM14-0004151		
Date Assigned:	02/05/2014	Date of Injury:	10/12/2012
Decision Date:	07/15/2014	UR Denial Date:	12/12/2013
Priority:	Standard	Application Received:	01/10/2014

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 is licensed to practice in Texas and New York. 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 an 18-year-old who reported injury to her right shoulder and upper mid back on October 12, 2012 secondary to pulling a box off the shelf. The injured worker on January 20, 2014, complained of somewhat decreased pain in her right parascapular region, but stated she had been less active and felt like that may have been the reason for the decrease in pain, however it is constant over the right shoulder blade area. Objective findings were full range of motion in her cervical spine and bilateral shoulders, negative signs of impingement, but palpable taut bands with a positive twitch response in her right rhomboids, levator scapulae, and superior trapezius muscle. She had a magnetic resonance imaging (MRI) done December 10, 2012 that showed bursal-sided fraying versus low-grade partial thickness tearing of the supraspinatus tendon at the footprint with thin interstitial extension just posteriorly, articular sided fraying versus low grade partial thickness tearing of the upper subscapularis tendon near the lesser tuberosity, no high frayed or full thickness rotator cuff tear, and superior labral evaluation degraded by motion with no definite tearing appreciated. The imaging study was somewhat degraded by inadvertent movement of the injured worker. She had past treatments of eight sessions of physical therapy which helped with her rotator cuff problem, trigger point injections, and oral non-steroidal anti-inflammatory medication. The injured worker had diagnoses of right parascapular strain of the rhomboids and thoracic paraspinals, partial tear of subscapularis tendon, supraspinatus tendon tear, and rotator cuff tendinopathy. Her medication was advil as needed. The treatment plan is for myofascial release, six sessions. The request for authorization was signed and dated January 31, 2014. There is rationale for the request for myofascial release, six sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

MYOFASCIAL RELEASE X 6 SESSIONS: Overturned

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

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

Decision rationale: The injured worker complained of somewhat decreased pain in her right parascapular region, but stated she had been less active and felt like that may have been the reason for the decrease in pain, however it is constant over the right shoulder blade area and is worse when reaching over her head. The physician noted palpable taut bands with a positive twitch response in her right rhomboids, levator scapulae, and superior trapezius muscle. She had past treatments of eight sessions of physical therapy which helped with her rotator cuff problem, trigger point injections, and oral non-steroidal anti-inflammatory medication. According to the Chronic Pain Medical Treatment Guidelines chronic pain medical treatment guidelines for massage therapy, it is recommended as an adjunct to other recommended treatment such as exercise, and it should be limited to four to six visits in most cases. The injured worker was noted to have palpable taut bands with a positive twitch response in her right rhomboids, levator scapulae, and superior trapezius muscle. The request for myofascial release, six sessions, is not medically necessary or appropriate.