

Case Number:	CM14-0007006		
Date Assigned:	02/07/2014	Date of Injury:	11/19/2009
Decision Date:	06/26/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/18/2014

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 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 injured worker is a 46-year-old female who reported injury on 11/19/2009. The prior treatments included physical therapy and acupuncture. The injured worker had trigger point injections on 12/19/2013. The documentation of 12/19/2013 revealed the injured worker had hypertonicity, spasms, tenderness, tight muscle bands and trigger points with a twitch response that was obtained along with radiating pain to palpation in the paravertebral muscles on the left side of the cervical spine. The injured worker had tenderness to palpation in the parascapular muscles of the left shoulder, and tenderness in the trapezius. Diagnoses included sprains and strains of the shoulder and upper arm not otherwise specified, adhesive capsulitis, rotator cuff injury, cervical brachial syndrome, and chronic pain syndrome. The treatment plan included myofascial therapy. The documented rationale was the injured worker was having a debilitating flare up of upper back and left arm pain despite medications. The injured worker had no active therapy in over 1 year. The injured worker's pain was opined to be mostly myofascial in nature and it was medically necessary for her to try myofascial therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

MYOFASCIAL THERAPY 2 TIMES PER WEEK FOR 4 WEEKS FOR THE LEFT SHOULDER AND NECK:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The California MTUS Guidelines recommend massage therapy that is limited to 4 to 6 visits in most cases and the treatment should be an adjunct to other treatment including exercise. The clinical documentation submitted for review indicated the injured worker had muscle spasms and tenderness. There was a lack of documentation indicating the treatment would be used as an adjunct to other recommended treatments and there was a lack of documentation indicating a necessity for 8 sessions. Given the above, the request for myofascial therapy 2 times a week for 4 weeks for the left shoulder and neck is not medically necessary.