

Case Number:	CM14-0105027		
Date Assigned:	07/30/2014	Date of Injury:	06/22/1999
Decision Date:	09/09/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/07/2014

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 Nevada. 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 records presented for review indicate that this 41 year-old female was reportedly injured on 6/22/1999. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 5/9/2014 indicates that there are ongoing complaints of bilateral upper extremity pain. The physical examination is handwritten and states verbatim bilateral elbow tightness. Decreased swelling is also noted. No recent diagnostic studies are available for review. Previous treatment includes medication, massage therapy, and conservative treatment. A request was made for six myofascial therapy sessions and was not certified in the pre-authorization process on 6/17/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy Qty: 6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 60.

Decision rationale: Massage Therapy is 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. Scientific studies show contradictory results. Furthermore, many studies lack long-term followup. Massage is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. After reviewing the medical documentation provided, it is noted that the injured worker was approved for six myofascial therapy sessions on 4/28/2014. Pending medical documentation showing need for continued therapy sessions, or extenuating circumstances. This request is a duplicate and is deemed not medically necessary.