

Case Number:	CM14-0015619		
Date Assigned:	02/28/2014	Date of Injury:	07/03/2013
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/07/2014

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 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 60-year-old female who reported an injury on 07/03/2013 due to a fall. Within the clinical note dated 01/30/2014, it revealed that the injured worker was status post an epidural steroid injection on 11/15/2013 for neck pain and cervical radiculopathy to the right upper extremity. It was further revealed that the injured worker completed 10 sessions of occupational therapy and was recommended for myofascial release. The injured worker complained of right upper back pain, neck pain, numbness, and tingling occasionally with no swelling or redness. Within the physical exam it was revealed tenderness to palpation of the right paracervical, scapular muscles with trigger points and full passive range of motion without pain at the end of range of movements. The request for authorization was dated 01/31/2014 within the submitted medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

MYOFASCIAL THERAPY, HAND, QTY: 12.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, PHYSICAL MEDICINE, 98

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

Decision rationale: The request for myofascial therapy, hand QTY: 12.00 is non-certified. The California MTUS Guidelines recommend massage therapy as an option for diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. The guidelines further state that massage therapy should be used in conjunction with other recommended treatment and should be limited to 4 to 6 treatments in most cases. Within the submitted documentation, there was not a mention whether the injured worker would be continuing any type of recommended treatments by the guidelines. Furthermore, the request indicated 12 sessions of therapy and exceeds the guideline's recommendations of 4 to 6 visits. Without further documentation that indicates that the injured worker will be participating in any other recommended treatments by the guidelines and a documentation of why the injured worker has extenuating circumstances that would facilitate the need to exceed the guideline's recommended 4 to 6 visits to produce objective functional gains, the request at this time cannot be supported by the guidelines. As such, the request is not medically necessary.