

Case Number:	CM14-0018825		
Date Assigned:	04/23/2014	Date of Injury:	01/20/2010
Decision Date:	07/02/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/14/2014

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 Geriatrics, has a subspecialty in Family Practice and is licensed to practice in 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 a woman with a date of injury of 1/20/10. She was seen by her primary treating physician on 1/15/14. She has had a course of myofascial therapy which was said to be 'slightly improved' in the past ending on 12/30/13. She was taking gabapentin, omeprazole, Flexeril, Lorazepam, Tizanidine and Temazepam. She continued to complain of elbow, shoulder, wrist, hand, hip, neck, lower extremity, occipital headaches and low back pain. Her physical exam showed an antalgic gait with some decrease in muscle strength in her upper extremity musculature and minimal decrease in sensation in upper and lower extremities. She had reduced cervical and thoracolumbar range of motion and muscle tenderness in her trapezius and rhomboids. Her diagnoses included myofascial pain syndrome, chronic lumbar sprain/strain with multilevel stenosis and right radiculopathy, chronic right shoulder, wrist and elbow strain/sprain with chronic lateral epicondylitis and chronic right hip osteoarthritis. Aqua therapy was authorized and to begin. At issue is the request for 6 additional sessions of myofascial therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

DEEP MYOFASCIAL THERAPY, 6 ADDITIONAL SESSIONS: Upheld

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): 98-99.

Decision rationale: The MTUS Physical Medicine Guideline allow for fading of treatment frequency from up to 3 visits per week to 1 or less, plus active self-directed home Physical Medicine. Massage therapy is recommended as an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases. In this injured worker, myofascial therapy has already been used as a modality and a self-directed home program should be in place. Aquatic therapy was also approved and to begin. The records do not support the medical necessity for an additional 6 myofascial therapy visits in this individual with chronic pain.