

Case Number:	CM14-0150951		
Date Assigned:	09/19/2014	Date of Injury:	10/12/2012
Decision Date:	10/20/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/16/2014

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 Family Medicine 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 patient is a 25-year-old female, who has submitted a claim for right parascapular strain of the rhomboids and thoracic paraspinals; right rotator cuff tendinopathy associated with an industrial injury date of October 12, 2012. Medical records from 2014 were reviewed, which showed that the patient complained of neck, right shoulder and upper back pain. Physical examination showed a full ROM (range of motion) of the cervical spine and bilateral shoulders. There was good strength on the upper extremities. Sensation to light touch is intact. Tenderness was noted over the right rhomboid muscle. MRI of the right shoulder done on 12/13/2012 showed low grade partial thickness tear of both the supraspinatus and subscapularis tendon. Treatment to date has included advil, physical therapy, chiropractic therapy and 5 sessions of myofascial release (as of August 2014). Utilization review from September 8, 2014 denied the request for Myofascial Release for 4 sessions on the right shoulder because the patient continues to have neck and shoulder pain. There is no documentation of patient participation in home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release x4 sessions - right shoulder: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2
MASSAGE THERAPY Page(s): 60.

Decision rationale: As stated on page 60 of CA MTUS Chronic Pain Medical Treatment Guidelines, massage therapy should be an adjunct to other recommended treatment (ex. Exercise) and it should be limited to 4-6 visits in most cases. In this case, myofascial release was requested to alleviate the shoulder pain of the patient. Progress notes reviewed showed that the patient completed 5/6 sessions of myofascial release. There has been reported relief from the symptom experienced by the patient. However, CA MTUS recommends only 4-6 sessions for this therapy. The additional 4 sessions requested is beyond the limit recommended. In addition, it should only be an adjunct treatment to a recommended therapy set by CA MTUS. Progress notes did not mention any current therapy, such as a home exercise program, that the patient is having. Therefore, the request for Myofascial Release for 4 sessions - right shoulder is not medically necessary.