

Case Number:	CM14-0159392		
Date Assigned:	10/01/2014	Date of Injury:	12/04/2008
Decision Date:	11/06/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/15/2014

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 underlying date of injury in this case is 12/04/2008. The date of the utilization review under appeal is 08/25/2014. The patient's diagnoses include myofascial pain syndrome, knee pain, and lumbar spondylosis. On 09/03/2014, the treating physician saw the patient in follow-up and was concerned about a prior denial regarding myofascial therapy. That treating physician notes that a prior utilization review denied this care based on the assumption the patient had had deep myofascial therapy in the past and there was no documentation of results. The treating physician notes that this patient had not received such treatment, and therefore the treating physician requested 6 sessions of deep myofascial therapy focused on the low back. An initial physician review notes the patient had significant physical therapy, acupuncture treatments, and manual therapy treatments in the past.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release therapy times 6 sessions to the bilateral knee and lumbar areas: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on physical medicine recommends a transition to active independent home rehabilitation. The Medical Treatment Utilization Schedule section on massage therapy states that massage should be an adjunct to other treatment and treatment limited to 4-6 visits in most cases. This guideline emphasizes that massage is a passive intervention and it should be avoided. Overall the treatment guidelines would support deep massage treatment as an option of passive treatment in the initial stages of an injury. This is a chronic injury dating back to 2008. The guidelines anticipate that the patient would have transitioned to an independent rehabilitation program by this time frame. The records do not provide a rationale as to why an additional type of passive rehabilitation would be indicated or beneficial in this chronic time frame rather than an active home rehabilitation program. This request is not medically necessary.