

<b>Case Number:</b>	CM14-0181178		
<b>Date Assigned:</b>	11/05/2014	<b>Date of Injury:</b>	08/02/2010
<b>Decision Date:</b>	12/09/2014	<b>UR Denial Date:</b>	10/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/31/2014

### 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 claimant had a date of injury of 8/2/2010. Diagnoses include left shoulder pain, arthritis of left shoulder and bursitis of left shoulder. He is treated with oral and topical medications. He has received myofascial release therapy and instruction in home exercise regimen. The request is for myofascial release once a week for four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial Release, Once a Week for Four Weeks for the Left 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 Section 2 Page(s): 60.

**Decision rationale:** CA MTUS recommends massage therapy, for active tissue or myofascial release, as an adjunct to other therapies, such as exercise and states that it should be limited to 4-6 sessions. Massage is a passive treatment and treatment dependence should be avoided. The medical record documents that the claimant has already been treated with massage therapy in the past but that any noted improvements in pain or function did not persist when therapy was stopped. Continued myofascial therapy at this point in time would exceed the recommended

number of sessions and would not be expected, based on past reported experience, to provide lasting benefits. Myofascial release weekly x 4 is not medically necessary.