

Case Number:	CM14-0021900		
Date Assigned:	05/09/2014	Date of Injury:	02/11/2003
Decision Date:	07/28/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/21/2014

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 and Washington. 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 41-year-old with a reported date of injury on February 11, 2003. The mechanism of injury was not provided within the documentation available for review. The injured worker presented with constant right shoulder and parascapular region pain. Upon physical examination, the injured worker presented with tenderness to palpation over the right superior trapezius and cervical paraspinals, levator scapula, and rhomboids on the right. The physician indicated that the injured worker presented with full range of motion in the right shoulder. According to the documentation provided for review, the injured worker has participated in physical therapy and myofascial release therapy, the results of which were not provided within the documentation available for review. The injured worker's diagnoses included cervical spondylosis, right shoulder biceps tendinosis, and rotator cuff tendinosis, chronic right medial epicondylitis, and right carpal tunnel-like symptoms. The injured worker's medication regimen included gabapentin and ketoprofen. The request for authorization for myofascial release therapy 6 sessions of the cervical spine was submitted, but not signed or dated. The physician indicated that 6 additional sessions of myofascial release therapy was requested due to that being the most beneficial treatment to date and she has only had six sessions of therapy in the past year.

IMR ISSUES, DECISIONS AND RATIONALES

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

Six sessions of myofascial release therapy for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that massage therapy is recommended as an option. This treatment should be an adjunct to other recommended treatments and it should be limited to four to six visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. The clinical information provided for review indicates the injured worker previously participated in six myofascial release therapies. In addition, the clinical information lacks documentation to the current request for myofascial release being utilized in adjunct to other recommended treatments. In addition, the guidelines state that massage therapy should be limited to four to six visits. The request for an additional six myofascial release therapy sessions exceeds the recommended guidelines. Therefore, the request for Six sessions of myofascial release therapy for the cervical spine is not medically necessary or appropriate.