

<b>Case Number:</b>	CM14-0029472		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	04/25/2011
<b>Decision Date:</b>	07/17/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/07/2014

### 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 & Rehabilitation has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 29 year old female who reported an injury on 04/25/2011 due to repetitive work. The injured worker complained of achy left lateral shoulder pain rated 3/10. States pain increases with activity. Physical examination on 05/22/2014 revealed 5/5 strength bilaterally in deltoid, biceps, triceps, supraspinatus, digital interossei, abductor pollicis, flexor digitorum profundus, and finger extensors with normal sensation in upper extremities, tenderness over the incisional scar of the left subdeltoid bursa, bilateral shoulder abduction and flexion to 180 degrees, full bilateral and external rotation. The injured worker had an MRI of unknown date which revealed a partial tear of the rotator cuff and underwent decompression surgery on 11/23/2011. It was reported in the progress note that the injured worker had physical therapy, acupuncture, yoga, and left subacromial injection. The treatment plan for the injured worker was to continue meloxicam and tramadol as directed and four sessions of myofascial release. The rationale was she had reached a permanent and stationary status due to conservative care rendered, surgery and overall functional status.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Four sessions of myofascial release:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Specifically Studied Disease States and massage Page(s): 18.

**Decision rationale:** The request of four sessions of myofascial release is not medically necessary. The injured worker has had five sessions of myofascial release with no documentation submitted of any improvement functional improvement or progress. The California Medical Treatment Utilization Schedule states treatment for myofascial pain not recommended therefore, the request is not medically necessary.