MAXIMUS Federal Services

Case Number:	CM14-0037811		
Date Assigned:	06/27/2014	Date of Injury:	10/27/2013
Decision Date:	07/29/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	03/31/2014

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 Anesthesiology, has a subspecialty in Pain Management 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 48-year-old female with a 10/27/13 date of injury. There is documentation of subjective findings of ongoing upper chest wall pain and pain radiating up the left SCM and left posterior shoulder and arm) and objective findings of paravertebral muscle spasm, tenderness, tight muscles band and trigger points noted on both sides, multiple myofascial trigger points. Current diagnoses are cervicobrachial syndrome, chronic pain syndrome, pain in limb, and sprain shoulder/arm NOS. Treatment to date includes medications, physical therapy, and activity modification. There is no documentation that massage is to be used in conjunction with an exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 sessions of Myofascial Therapy: 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 Massage Therapy Page(s): 60.

Decision rationale: The MTUS identifies documentation that massage therapy is being used as an adjunct to other recommended treatment (e.g. exercise), as criteria necessary to support the

medical necessity of massage therapy. The Official Disability Guidelines (ODG) identifies documentation of objective functional deficits, functional goals and massage used in conjunction with an exercise program, as criteria necessary to support the medical necessity of massage therapy. In addition, the ODG recommends a limited course of physical therapy for patients with a diagnosis of neck pain not to exceed 18 visits over 6-8 weeks. Within the medical information available for review, there is documentation of diagnoses of cervicobrachiall syndrome, chronic pain syndrome, pain in limb, and sprain shoulder/arm NOS. In addition, there is documentation of functional deficits and functional goals. However, there is no documentation that massage is to be used in conjunction with an exercise program. Therefore, based on guidelines and a review of the evidence, the request for 6 sessions of myofascial therapy is not medically necessary and appropriate.