

Case Number:	CM14-0052319		
Date Assigned:	07/16/2014	Date of Injury:	05/16/2007
Decision Date:	09/10/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	04/21/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 64 year old female with a work injury dated 5/16/07. The diagnoses include right arm sprain, cervical sprain, and right shoulder sprain. Under consideration is a request for right Arm, right shoulder, cervical, myofascial release technique/trigger point therapy twice a week for three weeks. There is a primary treating physician report dated 3/28/14 that states that the patient responded well to 4 recent Myofascial Release visits with an overall decrease of pain and muscle spasms, enabling her to less pain medication. She describes occasional/intermittent, slight/moderate right shoulder pain with less numbness. She goes on to state that her right shoulder;" worse with "cold weather, repetitive reaching and during her sleep. She manages her pain with heat, stretching/exercise, analgesic creams and prescription medication taken once at night time as a sleep aid. On exam there is improved right shoulder range of motion (ROM) with slight pain in abduction: 180/180, flexion: 175/180. Claimant is experiencing Moderate myospasm along the right trapezius, biceps and scalene, with decreased tenderness along the right acromioclavicular joint. Shoulder MRI (5/21/09) reveals SLAP lesion, biceps tendinitis, supraspinatus and infraspinatus tendonitis, subscapularis tendinosis and partial tears, acromioclavicular joint osteoarthritis. The plan was to continue progress; there was a recommendation for myofascial release technique /trigger point therapy for pain relief at once a week for 3 weeks. The patient is to remain off of work. There is a 7/6/12 document that states that the patient states treatment continues to provide relief in her neck and shoulder, enabling her to reduce her medication from 3 x week to 1-2 x per week. She describes intermittent, slight to moderate pain in her right shoulder. Pain is worse with reaching and lifting, thus affecting her activities of daily living (ADL's) while grooming and cooking. She manages her pain with exercise and topical creams daily. Objective findings include improved right shoulder ROM with

pain in flexion: 180/180 and abduction: 175/180. Codman's Test elicits pain on right. Slight/moderate myospasms of the right trapezius, teres and deltoid musculature.

IMR ISSUES, DECISIONS AND RATIONALES

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

Right Arm, Right Shoulder, Cervical, Myofascial Release Technique/Trigger Point Therapy 2x a week X 3 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Right Arm, Right Shoulder, Cervical, Myofascial Release Technique/Trigger Point Therapy two times a week times three weeks is not medically necessary per the Chronic Pain Medical Treatment Guidelines. The documentation does not indicate evidence of functional improvement from the 4 sessions that the patient has had recently of myofascial treatment. The documentation indicates that the patient had myofascial release in 2012. It is unclear of exactly how many visits the patient has had in the past of myofascial release. Per guidelines elective/maintenance care is not medically necessary. Therapeutic care involves a trial of 6 visits over 2 weeks, with evidence of objective functional improvement with a total of up to 18 visits. Without documentation of specific number of myofascial release treatments that the patient has had in the past and whether there was any functional improvement the request for right arm, right shoulder, cervical, myofascial release technique/trigger point therapy two times a week times three weeks is not medically necessary.