

<b>Case Number:</b>	CM14-0058329		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	12/03/2009
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/25/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/29/2014

### 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. 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:

This 59 year-old patient sustained an injury on 12/3/09 while employed by [REDACTED]. Request under consideration include 6 Myofascial release 1X6 weeks for bilateral wrists, cervical, thoracic, lumbar, bilateral shoulders, left knee. Diagnoses included cervical herniated disc and right knee osteoarthritis. Report of 11/5/13 from the provider noted the patient has chronic ongoing right knee pain. Previous history of cortisone injections and epidurals provided no pain relief. The patient is s/p 5 previous knee surgeries with TKR on 6/7/13 and acute rupture of left quadriceps tendon s/p arthroscopic repair on 7/19/13. Report of 12/17/13 from the provider noted ongoing left knee, right wrist, posterior neck, bilateral shoulder, and low back pain, hypertension, anxiety and depression. Medications list Diovan, Tricor, Amlodipine, Metoprolol, Zolpidem, Furosemide, Omeprazole, Buspirone, Vilazodone, Simvastatin, Symbicort, Proair, ASA, Fish oil, Garlic, Gingko Biloba, Butrans, Vicoprofen, Gabapentin, Zanaflex. Reports of 1/7/14 and 1/30/14 showed no change in symptom complaints and findings. Report of 4/15/14 from the provider noted neck, back, knee, arm and shoulder pain rated at 10/10 with radiation of low back pain into bilateral lower extremities. Exam showed tenderness diffusely, decreased range in all planes, weakness. The request for 6 Myofasciarelease 1x6 weeks for bilateral wrists, cervical, thoracic, lumbar, bilateral shoulders, left knee was non-certified on 4/25/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial release 1x6 weeks for bilateral wrists, cervical, thoracic, lumbar, bilateral shoulders, left knee.:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Page(s): 122. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Myofascial Pain/therapies, pages 772-773.

**Decision rationale:** The request for Myofascial release 1x6 weeks for bilateral wrists, cervical, thoracic, lumbar, bilateral shoulders, left knee was non-certified on 4/25/14. Per Official Disability Guidelines (ODG), myofascial pain is defined as pain or autonomic phenomena associated with range of motion dysfunction referred from active trigger points, a focus of hyperirritability in a palpable taut band of skeletal muscle that, when compressed, is locally tender and, if sensitized, gives rise to referred pain and tenderness. The therapy for myofascial pain requires enhancing central inhibition through pharmacology or behavioral techniques and simultaneously reducing peripheral inputs through physical therapies including exercises and trigger point-specific therapy. Per ODG Guidelines, due to a lack of research, treatment is not recommended as long-term clinical efficacy of most treatment for trigger points and myofascial pain has not been determined. Submitted reports have not adequately demonstrated specific clinical findings of myofascial etiology nor show functional benefit from previous treatment modalities. There is no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain with radicular symptoms and findings, not consistent with myofascial diagnosis. The Myofascial release 1x6 weeks for bilateral wrists, cervical, thoracic, lumbar, bilateral shoulders, left knee is not medically necessary and appropriate.