

Case Number:	CM14-0080200		
Date Assigned:	07/18/2014	Date of Injury:	09/04/2002
Decision Date:	09/24/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck, arm, and shoulder pain reportedly associated with an industrial injury of September 4, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated May 1, 2014, the claims administrator denied a request for six visits of myofascial release therapy. The claims administrator cited a variety of MTUS and non-MTUS Guidelines but did not invoke the same into its rationale. The claims administrator also denied electrodiagnostic testing of the right upper extremity, reportedly invoking non-MTUS ODG Guidelines but, again, did not incorporate the same into its rationale. The claims administrator stated that the attending provider had not furnished a clear history of what treatment or treatments had transpired through that point in time. The applicant's attorney subsequently appealed. In an April 23, 2014 progress note, the applicant reported 6/10 with worsened GI upset. Nexium was working well. The applicant had stopped diclofenac but still had ongoing issues with stomach upset. The applicant was using Nexium, Cymbalta, Levoxyl, Lipitor, losartan, metformin, Restoril, hydrochlorothiazide, and Tylenol, it was stated. The applicant remained anxious and depressed. The applicant was status post rotator cuff repair surgery, it was stated. The applicant was obese, with a BMI of 32. The applicant's primary pain generator was the bilateral shoulders, it was stated. The attending provider then wrote that the applicant was having increased right upper extremity pain. Electrodiagnostic testing of the right upper extremity was therefore sought. It was stated that the applicant had diminished right upper extremity grip strength and hyposensorium about the medial forearm with negative Tinel and Phalen signs about the wrist. It was stated that the applicant was not interested in any kind of surgical intervention or therapy at this point in time. Six sessions of myofascial release therapy

were endorsed for the shoulder girdle musculature. The applicant was described as having some tenderness about the shoulder bursa and associated musculature. Protonix, Cymbalta, and temazepam were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NCS/EMG RIGHT UPPER EXTREMITY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 213.

Decision rationale: The applicant's primary pain generators are the bilateral shoulders. However, as noted in the Shoulder Complaints Chapter of the American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines, an EMG or NCV studies as part of a shoulder evaluation for usual shoulder diagnosis is "not recommended." In this case, the attending provider has not outlined what is suspected here. The attending provider did not state whether brachial plexopathy was suspected, whether radiculopathy was suspected, whether diabetic neuropathy was suspected, or whether peripheral neuropathy/carpal tunnel syndrome was suspected. No rationale for the electrodiagnostic studies in question was provided, particularly in light of the fact that the attending provider reported that the applicant was on intent on acting on the results of the same and was not intent on considering or pursuing any kind of surgical intervention or interventional therapy. Therefore, the request for an EMG/NCV of the bilateral upper extremities is not medically necessary or appropriate.

Six sessions of myofascial release therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MYOFASCIAL RELEASE THERAPY X6 SESSIONS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy topic; Physical Medicine topic Page(s): 60; 98.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, myofascial release therapy/massage therapy should be an adjunct to other recommended treatment such exercise and should be limited to four to six visits in most cases. According to the Chronic Pain Medical Treatment Guidelines also stipulates that passive therapy such as massage should be employed sparingly with active therapies during the chronic pain phase of a claim. In this case, the applicant is some 12 years removed from the date of injury. It is unclear why massage therapy is being sought. It is further noted that the attending provider has not stated what treatment or treatments have transpired to date and has not, furthermore, indicated how the myofascial release therapy/massage therapy in question would facilitate the applicant's

rehabilitation and/or transition to more active therapies. Therefore, the request for six sessions of myofascial release therapy is not medically necessary or appropriate.