

Case Number:	CM14-0193924		
Date Assigned:	12/01/2014	Date of Injury:	07/14/2011
Decision Date:	01/16/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/19/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 is a 44 year old patient with date of injury of 07/14/2011. Medical records indicate the patient is undergoing treatment for myofascial pain syndrome and repetitive strain injury of the neck and bilateral upper extremities. Subjective complaints include neck and upper extremity pain rated 2-3/10. Objective findings include discrete tender trigger points over neck, posterior shoulder and upper extremities. Treatment has consisted of physical therapy, home exercise program and Advil. The utilization review determination was rendered on 11/11/2014 recommending non-certification of Myofascial Therapy 1 time per week for 6 weeks for the Neck and Left Upper Extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Therapy 1 time per week for 6 weeks for the Neck and Left Upper Extremity:
Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy Page(s): 60. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Massage Therapy, Manual Therapy

Decision rationale: MTUS states regarding massage therapy, "Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4-6 visits in most cases." ODG offers additional frequency and timeline for massage therapy by recommending: a. Time to produce effect: 4 to 6 treatments. b. Frequency: 1 to 2 times per week for the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. c. Maximum duration: 8 weeks. At week 8, patients should be reevaluated. Care beyond 8 weeks may be indicated for certain chronic pain patients in whom manipulation is helpful in improving function, decreasing pain and improving quality of life. Medical documents indicate this patient has attended an unknown number of myofascial therapy sessions since at least 06/18/2014. Additionally, the treating physician has failed to document functional improvement related to the above mentioned therapy. As such, the request for Myofascial Therapy 1 time per week for 6 weeks for the Neck and Left Upper Extremity is not medically necessary.