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| Case Number: | CM14-0209516 | | |
| Date Assigned: | 12/22/2014 | Date of Injury: | 07/13/2013 |
| Decision Date: | 02/11/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/15/2014 |

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 Rehab 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 53 year-old patient sustained an injury on 7/13/13 while employed by [REDACTED]. Request(s) under consideration include Myofascial Release 1x4 bilateral Shoulders, Right Elbow. Diagnoses include bilateral shoulder and right elbow internal derangement. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report of 11/18/14 from the provider noted constant severe right shoulder pain with intermittent left shoulder pain associated with prolonged activities and intermittent right elbow pain. Exam showed unchanged findings of positive Hawkin's of anterior shoulder; muscle spasm; tenderness in bilateral shoulder; limited range in all range; tenderness at medial elbow and muscle spasm on the medial forearm. Treatment plan included chiropractic sessions, shockwave therapy, and myofascial release. The request(s) for Myofascial Release 1x4 bilateral Shoulders, Right Elbow was non-certified on 11/26/14 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 One Time A Week For Four Weeks For Right Elbow: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Myofascial Pain/therapies, page 772-773.

Decision rationale: This 53 year-old patient sustained an injury on 7/13/13 while employed by [REDACTED]. Request(s) under consideration include Myofascial Release 1x4 bilateral Shoulders, Right Elbow. Diagnoses include bilateral shoulder and right elbow internal derangement. Conservative care has included medications, therapy, and modified activities/rest. The patient continues to treat for chronic ongoing pain symptoms. Report of 11/18/14 from the provider noted constant severe right shoulder pain with intermittent left shoulder pain associated with prolonged activities and intermittent right elbow pain. Exam showed unchanged findings of positive Hawkin's of anterior shoulder; muscle spasm; tenderness in bilateral shoulder; limited range in all range; tenderness at medial elbow and muscle spasm on the medial forearm. Treatment plan included chiropractic sessions, shockwave therapy, and myofascial release. The request(s) for Myofascial Release 1x4 bilateral Shoulders, Right Elbow was non-certified on 11/26/14. Per 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 Guidelines, due to a lack of research, treatment is not recommended as long-term clinical efficacy of most treatment for 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 not consistent with myofascial diagnosis. The Myofascial Release 1x4 bilateral Shoulders, Right Elbow is not medically necessary and appropriate.