

<b>Case Number:</b>	CM15-0132000		
<b>Date Assigned:</b>	07/20/2015	<b>Date of Injury:</b>	08/04/2008
<b>Decision Date:</b>	08/14/2015	<b>UR Denial Date:</b>	06/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 injured worker is a 58-year-old male, who sustained an industrial injury on 8/04/2008. He reported fell over a pile of wood and landed on his shoulder. The injured worker was diagnosed as having chronic pain syndrome, right knee joint pain, left shoulder joint pain, and right shoulder joint pain. Treatment to date has included diagnostics, injection right elbow and right knee 1/2015, left shoulder injection 3/2015, multiple cervical surgeries, multiple right shoulder surgeries, acupuncture, myofascial therapy, physical therapy, and medications. Currently, the injured worker complains of right shoulder pain, radiating to his thoracic spine. His pain was not rated. He was taking Suboxone but it was not helpful. His current medication regimen was not noted. Prior treatment with myofascial therapy was referenced, without results noted. The treatment plan included myofascial therapy for the cervical and lumbar spines.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Myofascial therapy, Cervical Spine, Lumbar Spine, 6 visits: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (1) Chronic pain, Physical medicine treatment. (2) Preface, Physical Therapy Guidelines.

**Decision rationale:** The claimant sustained a work-related injury in August 2008 and continues to be treated for right knee and radiating right shoulder pain. When seen, his BMI was over 31. Myofascial therapy treatments were requested. The claimant had 6 treatments as of 03/23/15. In this case, when requested, there had been no new injury and he had recently had myofascial physical therapy. Providing additional therapy less than six months after the previous treatments does not reflect an adequate fading of treatment frequency and is not medically necessary.