

Case Number:	CM15-0205460		
Date Assigned:	10/22/2015	Date of Injury:	11/01/2011
Decision Date:	12/03/2015	UR Denial Date:	10/12/2015
Priority:	Standard	Application Received:	10/20/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 48 year old female who sustained an industrial injury November 11, 2011. Diagnoses are neuropathy-nerve entrapment; brachial plexus lesion; right greater than left thoracic outlet syndrome; right carpal tunnel syndrome, positive EMG (electromyography); left carpal tunnel syndrome, asymptomatic with positive EMG; pacemaker secondary to arrhythmia; hypertension. According to a treating physician's office notes dated September 25, 2015, the injured worker presented with complaints of continued burning diffuse pain in the upper extremities, rated 6-7 out of 10, with numbness in the right greater than left hand. She is working at a modified capacity. She has a two-hour sitting, one to two hour standing, and three-hour walking tolerance. She is interested in myofascial release as well as medication management. She reported another physician is fabricating an improved scapulothoracic orthosis. Physical examination included; overweight with slumped shoulders; positive right brachial plexus stretch, positive Roos, negative bilateral Spurling's; swelling in the bilateral supraclavicular fossa; PHQ-9 score of 14-30 indicates mild depression. Treatment plan included to follow-up for orthosis, trial and dispensed Cymbalta, follow-up with radiologist and at issue, a request for authorization dated September 25, 2015, for myofascial release. According to utilization review dated October 12, 2015, the request for Myofascial release, bilateral upper extremities, per 09-25-2015 order Quantity: 8 are non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial release, bilateral upper extremities qty: 8.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Massage therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Massage therapy.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, myofascial release bilateral upper extremities #8 sessions is not medically necessary. Massage is a passive intervention and considered an adjunct to other recommended treatment, especially active interventions (e.g. exercise). Massage therapy should be limited to 4-6 visits in most cases. See the guidelines for details. Massage therapy is beneficial in attenuating diffuse musculoskeletal symptoms, but beneficial effects were registered only during treatment. Massage is a passive intervention and treatment dependence should be avoided. In this case, the injured worker's working diagnoses are right greater than left thoracic outlet syndrome; right carpal tunnel syndrome; left carpal tunnel syndrome; history right thumb CMC osteoarthritis; bilateral small finger D I P I give arthritis; pacemaker secondary to arrhythmia, hypertension, prediabetes; and post dramatic headache secondary to thoracic outlet syndrome. Date of injury is November 11, 2011. Request for authorization is September 25, 2015. According to a September 25, 2015 progress note, subjective complaints include right way to the left upper extremity symptoms. There is burning pain 7/10. The injured worker is requesting myofascial release treatment. Objectively, there is positive brachial plexus stretching and a positive Roos. The injured worker is engaged in a half exercise program and there is no clinical indication or rationale for passive intervention (massage). There is no documentation indicating whether the injured worker received prior myofascial release treatments. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines and no clinical indication or rationale for myofascial release (passive treatment) while the injured workers engaged in a home exercise program, myofascial release bilateral upper extremities #8 sessions is not medically necessary.