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| Case Number: | CM14-0110396 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 03/28/2013 |
| Decision Date: | 09/08/2014 | UR Denial Date: | 04/02/2014 |
| Priority: | Standard | Application Received: | 04/03/2014 |

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 and Rehabilitation, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 29 year old male with a work injury dated 3/28/13. The diagnoses include repetitive strain injury, neck and bilateral upper extremity, and myofascial pain syndrome. Under consideration is a request for myofascial therapy/deep tissue massage x6. There is a 3/18/14 physician office visit where the patient comes for follow up for his neck and upper extremities. Pain is at a 2-3/10 pain level. He had an EMG/NCS on his neck and bilateral upper extremities which was negative for neuropathy. He has had 4/6 sessions of deep tissue myofascial therapy which he has found very helpful. He noted decrease of pain symptoms and increase in functional activities of daily living and exercise. He continues to work full time as an attorney. He continues to have pain in his right forearm greater than the left. He has pain in his right wrist. He is using Kinesio tape and splints which he finds helpful when he works. He ices the area and takes breaks. On physical exam the patient's neck has normal contour. There are discrete tender trigger points over his neck, posterior shoulders and upper extremities. His motor and sensation are intact. The treatment plan states that the patient is slowly improving with better control over his upper extremity pain. He is recommended to finish 2 remaining sessions. The documenting physician states that he is ordering six more sessions of the deep tissue trigger point massage to address myofascial pain and tender trigger points over his upper extremities. Once this is completed the treating physician will order physical therapy. The patient takes no medications and is fit for full duty. There is a 2/3/14 office visit that states that the patient is having pain in his neck and upper extremities. He is feeling 5-10% better from his last appointment. His pain is at a 3-4/10. He continues to have pain in his neck, radiating to his upper extremities. He complains of numbness in his forearms. He has had 2 sessions of massage which has helped him immensely. On physical exam there are trigger points over the trapezius,

midscapular and scapular musculature, right greater than left. He has diffuse tenderness over the upper extremities involving the forearms. His motor and sensation are intact. The treatment plan states that 6 massage sessions have been approved and he is gaining benefit. An EMG/NCS will be ordered. Biofeedback was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy/deep tissue massage x6 additional visits: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage therapy Page(s): 60. Decision based on Non-MTUS Citation ACOEM chronic pain chapter 2011 revised guidelines: Myofascial release.

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

Decision rationale: Myofascial therapy/deep tissue massage x 6 additional visits is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines state that massage should be limited to 4-6 visits in most cases. Massage is a passive intervention and treatment dependence should be avoided. The documentation indicates that the patient has had at least 4 sessions of massage. The request for an additional 6 visits would exceed guideline recommendations. There are no extenuating circumstances from the documentation submitted as to why an additional 6 visits is medically necessary. Therefore the request for myofascial therapy/deep tissue massage x 6 additional visits is not medically necessary.