MAXIMUS Federal Services

Case Number:	CM14-0126424		
Date Assigned:	08/29/2014	Date of Injury:	01/24/2011
Decision Date:	09/26/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/08/2014

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 Family Practice, and is licensed to practice in Texas and Mississippi. 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 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 reported injury on 01/24/2011. The mechanism of injury was not provided for clinical review. The injured worker's prior treatment included physical therapy, medication, and surgery. The injured worker was evaluated on 07/29/2014, and it was documented the injured worker complained of left shoulder myofascial pain and left upper extremity paresthesias to the 4th digit and thumb. Physical examination revealed mild cervical spine torticollis, favoring the left side. She had forward flexed posture. Her left acromioclavicular joint was down sloping. Left shoulder range of motion was at 145 degrees of forward flexion, 135 degrees abduction, and 90 degrees external rotation, guarded. There were severe trigger points at the subscapularis, rhomboid, upper and lower trapezius, occiput, and scalene, left greater than right. There was tenderness over the left biceps and acromioclavicular joint. Diagnoses include left shoulder impingement syndrome, status post-surgery. Medications included Ibuprofen, Norco, and Flexeril. The Request for Authorization was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 MYOFASCIAL TRIGGER RELEASE SESSIONS FOR THE LEFT SHOULDER:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY.

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

Decision rationale: The request for myofascial trigger release sessions for the left shoulder is not medically necessary. California (MTUS) Chronic Pain Medical Guidelines recommends massage therapy as an option. This treatment should be an adjunct to other recommended treatment (e.g. exercise), and it should be limited to 4 to 6 visits in most cases. Scientific studies show contradictory results. Furthermore, many studies lack long term follow-up. Massage 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. This lack of long term benefits could be due to the short treatment period or treatments such as these do not address the underlying causes of pain. The documents submitted indicated the injured worker has already had 6 visits of myofascial trigger releases. However, there was lack of information provided regarding the injured worker's functional response after the completion of the six sessions. In addition, the request will exceed the recommended visits per the guideline. Therefore, the request is not medically necessary.