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| <b>Case Number:</b>   | CM14-0127493 |                              |            |
| <b>Date Assigned:</b> | 08/15/2014   | <b>Date of Injury:</b>       | 01/10/2011 |
| <b>Decision Date:</b> | 09/26/2014   | <b>UR Denial Date:</b>       | 07/15/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 08/12/2014 |

### 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 & Rehabilitation, has a subspecialty in Pain Management 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 is a patient with a date of injury of 1/10/11. A utilization review determination dated 7/15/14 recommends non-certification of additional myofascial therapy. 7/7/14 medical report identifies pain in the neck radiating to the RUE and right knee pain. She is using a cane. On exam, there are tender trigger points over the neck, posterior shoulders, and RUE greater than LUE. Gait is antalgic. The provider notes that the patient had excellent benefits from myofascial therapy and additional sessions were recommended.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Additional myofascial therapy QTY: 6:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60 of 127.

**Decision rationale:** Regarding the request for additional myofascial therapy, CA MTUS states that massage therapy is recommended as an optional adjunct to other recommended treatment (e.g. exercise) and it should be limited to 4 to 6 visits in most cases. Within the documentation available for review, the patient has had prior treatment with benefit, but any specific objective

functional benefit is not clearly identified. Furthermore, given the sessions already completed, the request exceeds the recommendations of the CA MTUS and, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested additional myofascial therapy is not medically necessary.