

Case Number:	CM14-0157531		
Date Assigned:	09/30/2014	Date of Injury:	10/06/2009
Decision Date:	11/04/2014	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/25/2014

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 Occupational Medicine 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder pain, neck pain, wrist pain, and myofascial pain syndrome reportedly associated with an industrial injury of October 6, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy, manipulative therapy, acupuncture, and myofascial therapy; a Thera Cane massager device; muscle relaxant; and reported return to regular duty work. In a Utilization Review Report dated August 29, 2014, the claims administrator denied a request for myofascial release therapy, noting that the applicant had had at least 14 sessions of myofascial release therapy over the course of the claim. In a clinical progress note dated September 18, 2014, it was acknowledged that the applicant was working full time as a typist. The applicant was given diagnosis of myofascial pain syndrome. The previously denied eight sessions of myofascial therapy were sought. The applicant was asked to resume regular duty work and continue p.r.n. Cyclobenzaprine. In a progress note dated August 20, 2014, the applicant's treating provider noted that the applicant had completed 12 sessions of myofascial therapy in the past, including as recently as November 2013. An additional eight sessions of the same were sought. The applicant was returned to regular duty work while cyclobenzaprine was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Myotherapy; Massage Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic); Integrated Treatment/Disability Duration Guidelines; Myotherapy

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy, Physical Medicine Page(s): 60; 98.

Decision rationale: The request for additional myofascial therapy, in and of itself, represents treatment further in excess of the four- to six-session course recommended on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines for massage therapy, the modality of issue here. Page 60 of the MTUS Chronic Pain Medical Treatment Guidelines further qualify disposition on massage therapy/myofascial therapy by noting that it should be an adjunct to other recommended treatments, such as exercise. In this case, however, the attending provider appears intent on pursuing myofascial therapy, a passive modality, on an extensive, sustained, and protracted basis well in excess of MTUS parameters. The request as written, thus, runs counter to the MTUS position on page 98 of the MTUS Chronic Pain Medical Treatment Guidelines that passive modality such as myofascial therapy is employed "sparingly" during the chronic pain phase of a claim. Accordingly, the request for Myofascial Therapy is not medically necessary.