

Case Number:	CM15-0001627		
Date Assigned:	01/12/2015	Date of Injury:	12/10/2013
Decision Date:	03/06/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/05/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 39-year-old female with an injury date of 12/10/13. Based on the 06/09/14 progress report provided by treating physician, the patient complains of neck pain, worse on the right side and along the right shoulder blade as well as pain in the right upper extremity. Physical examination showed mildly restricted cervical spine range of motion in left torsion and bilateral lateral flexion. On palpation, tenderness was noted over the right trapezius muscle with trigger points. Patient's medications include Tramadol, Relafen, and Flexeril. Per the progress report dated 05/01/14, the patient has completed 11 sessions of chiropractic therapy with temporary improvement. Per progress report dated 06/03/14, the patient was treated with six sessions of acupuncture which resulted in 60% reduction of neck and upper extremity pain with respect to intensity and duration. Per progress report dated 06/09/14, the patient received local cortisone injections over the right shoulder and the right trapezius muscle. In addition, the patient has a TENS unit for home use which is reportedly "very beneficial". The patient is to return to modified duty. Diagnosis 06/03/14-Cervical strain with right trapezius myofascial pain with underlying mild multilevel degenerative disc disease-Right shoulder bicipital tendonitis-Right forearm myofascial pain-Right wrist tendonitis. The utilization review determination being challenged is dated 12/30/14. The rationale is the record review did not reveal an objective positive patient response. Treatment reports were provided from 04/14/14 - 06/09/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Additional Deep Myofascial Release Therapy for the Cervical Spine and Right Upper Extremity, (1 times a Week for 6 Weeks): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

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

Decision rationale: The patient presents with neck pain worse on the right side and along the right shoulder blade and right upper extremity pain. The request is for 6 ADDITIONAL DEEP MYOFASCIAL THERAPY FOR THE CERVICAL SPINE AND RIGHT UPPER EXTREMITY, (1 TIMES A WEEK FOR 6 WEEKS). Patient's diagnosis on 06/03/14 included cervical strain with right trapezius myofascial pain with underlying mild multilevel degenerative disc disease. The patient is to return to modified duty. The MTUS Chronic Pain Medical Treatment Guidelines, page 60 for Massage therapy states: Recommended as an option as indicated below. This treatment should be an adjunct to other recommended treatment, e.g. exercise, and it should be limited to 4-6 visits in most cases. Based on the available information, it appears that massage therapy is being requested as an adjunctive therapy to other conservative therapies. In this case, the treater is requesting for 6 additional deep myofascial therapy; however, the number of previous massage therapy visits to date and the objective response to therapy are not known. Therefore, this request IS NOT medically necessary.