

Case Number:	CM15-0024189		
Date Assigned:	02/11/2015	Date of Injury:	09/24/2012
Decision Date:	04/01/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/09/2015

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, Pain Management

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 44 year old male sustained an industrial injury on due to repetitive trauma to bilateral upper extremities on 9/24/12. The injured worker was diagnosed with right wrist tendinitis and carpal tunnel syndrome. Electromyography was normal. Electrodiagnostic studies of bilateral upper extremities (10/31/13) showed bilateral mild median sensori-neuropathy at the wrist without evidence of cervical radiculopathy, brachial plexopathy or bilateral ulnar or radial neuropathy. Treatment included myofascial therapy, physical therapy, acupuncture, medications and home exercise. In a progress note dated 1/14/15, the injured worker complained of pain 7/10 on the visual analog scale to bilateral upper extremities. The injured worker reported doing better due to being laid off and after completing six sessions of deep tissue myofascial therapy. Physical exam was remarkable for cervical spine with diffuse tenderness and multiple trigger points over the neck and upper extremities, right greater than left with intact motor and sensation. Range of motion of the shoulders elicited hand tingling. Current diagnosis was repetitive strain injury with myofascial pain syndrome. The treatment plan included continuing home exercise program and six additional sessions of myofascial therapy to address diffuse tenderness with multiple trigger points over the neck and upper extremities. An appeal letter dated January 26, 2015 states that the patient developed chronic pain involving the upper extremities from extensive computer use. Following treatment with trigger point injections, myofascial therapy, and medications, the patient stated that "he is feeling better." He attributed the feeling better to being laid off and not working as well as the sessions of deep tissue myofascial therapy. The patient noted decrease of pain symptoms and increase in function including activities of daily living and

exercise. He was also taking less medicine and was able to exercise 1 hour 2 times per week. 6 additional sessions of myofascial therapy were requested to be spread out over the next 3 months. Physical examination reveals diffuse tenderness and multiple trigger points in the neck and upper extremities. On 1/23/15, Utilization Review noncertified a request for additional Myofascial Therapy x6, noting no documentation of improvement in functional status and citing CA MTUS Treatment Guidelines. As a result of the UR denial, an IMR was filed with the Division of Workers Comp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Additional Myofascial Therapy x6: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 18, 2009) Page(s): 60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy.

Decision rationale: Regarding the request for massage therapy, Chronic Pain Medical Treatment Guidelines state the massage therapy is recommended as an option. They go on to state the 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. Within the documentation available for review, it is unclear exactly what has improved the patient's current condition. The patient has undergone 6 previous sessions of myofascial therapy, but has also stopped working, undergone trigger point injections, started exercising, and is utilizing medications. Finally, it is unclear exactly what objective treatment goals are hoping to be addressed with the currently requested massage therapy. Guidelines do not generally recommended more than 6 sessions of myofascial therapy. In this case, where there is a substantial lack of clarity that the myofascial therapy itself has been beneficial, additional sessions may be unneeded. In the absence of clarity regarding those issues, the currently requested massage therapy is not medically necessary.