

Case Number:	CM15-0065239		
Date Assigned:	04/13/2015	Date of Injury:	10/01/2002
Decision Date:	05/13/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/07/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 53-year-old who has filed a claim for chronic elbow pain reportedly associated with an industrial injury of October 1, 2002. In a Utilization Review report dated March 20, 2015, the claims administrator partially approved a request for 18 sessions of myofascial therapy as three sessions of the same. The claims administrator invoked non-MTUS ODG Guidelines in favor of MTUS Guidelines in its decision to partially approve the request. The applicant's attorney subsequently appealed. In RFA forms of March 11, 2015 and March 4, 2015, the myofascial release treatment at issue and Flector patches were endorsed. On February 11, 2015, the applicant received an elbow corticosteroid injection. Ongoing complaints of bilateral elbow pain were reported with ancillary complaints of shoulder pain. Myofascial therapy, corticosteroid injection, and Flector patches were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofacial Treatments of arms (18-sessions): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Massage Therapy. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Elbow Chapter, Augmented Sot Tissue Mobilization (ASTM).

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

Decision rationale: No, the request for 18 sessions of myofascial therapy, a form of massage therapy, was not medically necessary, medically appropriate, or indicated here. As noted on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines, massage therapy is recommended only as an adjunct to other recommended treatments, such as exercise, should be limited to four to six treatments in most cases. Here, thus, the request for 18 sessions of myofascial release therapy represented treatment in excess of the four to six sessions recommended on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines for this particular modality. It is further noted that page 60 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that massage therapy should be employed as an adjunct to other recommended treatments, such as exercise. Here, however, there was no evidence that the applicant was in fact exercising, performing home exercises, working, and/or employing the treatment at hand in conjunction with a program of functional restoration. Therefore, the request was not medically necessary.