

Case Number:	CM15-0067909		
Date Assigned:	04/15/2015	Date of Injury:	02/20/2010
Decision Date:	05/14/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/09/2015

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

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 injured worker was a 59 year old female, who sustained an industrial injury, February 20, 2010. The injury was sustained, when the injured worker was walking slipped on some black ice. The injured worker pulled on another person to prevent the fall. The injured worker felt immediate pain in the right shoulder. The injured worker received the following treatments in the past 12 sessions of physical therapy, right shoulder MRI, Ibuprofen, Flexeril and deep tissue trigger point massage. The injured worker was diagnosed with right shoulder sprain/strain, right shoulder arthroscopic debridement and decompression surgery, cervical strain/sprain, right traumatic cervical brachial syndrome, sprain/strain of the lumbar spine, musculoligamentous sprain of the right cervical spine, cervical brachial syndrome, traumatic on the right, right shoulder impingement syndrome, shoulder tendonitis, right involving the longhead of the biceps tendon, rule out right carpal tunnel syndrome and rule out Guyon's canal syndrome and right rotator cuff syndrome with residual myofascial pain syndrome and cervical brachial syndrome on the right. According to progress note of March 9, 2015, the injured workers chief complaint was right shoulder rotator cuff syndrome with myofascial pain syndrome involving the neck and right upper extremity. The injured worker went for 5 sessions of deep tissue trigger point massage which helped the pain by 25%. The injured worker rated the pain at 5-6 out of 10; 0 being no pain and 10 being the worse pain. The physical exam noted discrete trigger points with muscle twitch points over the neck and posterior shoulders. The motor and sensation were intact. The right shoulder range of motion remains decreased by 80 degrees. The treatment plan included myofascial therapy with deep tissue trigger point massage 6 sessions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Myofascial therapy with deep tissue trigger point massage (6 sessions): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Treatment, Pages 58-60.

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Per medicals reviewed, the patient has received a significant quantity of therapy sessions for the chronic symptom complaints without demonstrated functional improvement from treatment already rendered. There is no report of acute flare-ups, red-flag conditions or new clinical findings to support continued treatment consistent with guidelines criteria. Per ODG, myofascial pain is defined as pain or autonomic phenomena associated with range of motion dysfunction referred from active trigger points, a focus of hyperirritability in a palpable taut band of skeletal muscle that, when compressed, is locally tender and, if sensitized, gives rise to referred pain and tenderness. The therapy for myofascial pain requires enhancing central inhibition through pharmacology or behavioral techniques and simultaneously reducing peripheral inputs through physical therapies including exercises and trigger point-specific therapy. Per Guidelines, due to a lack of research, treatment is not recommended as long-term clinical efficacy of most treatment for trigger points and myofascial pain has not been determined. Submitted reports have not adequately demonstrated specific clinical findings of myofascial etiology nor show functional benefit from previous treatment modalities. There is no specific documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain with radicular symptoms and findings, not consistent with myofascial diagnosis. The Myofascial therapy with deep tissue trigger point massage (6 sessions) is not medically necessary and appropriate.