

Case Number:	CM13-0012461		
Date Assigned:	09/18/2013	Date of Injury:	10/07/2010
Decision Date:	01/10/2014	UR Denial Date:	07/16/2013
Priority:	Standard	Application Received:	08/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 physician 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 patient is a 58 year old male with a date of injury of 10/07/2010. Diagnosis is right shoulder bursitis and cervicgia. Medical records dated 05/13/2013 by [REDACTED] indicate MRI results showing evidence of supraspinatus tendonitis and possible tear without apparent full-thickness tear. The report also noted that patient received neuromuscular therapy 2 times a week for 8 weeks, which provided excellent relief, but the dates of therapy rendered were not noted. The patient has also had acupuncture, chiropractic treatment, and used a TENS unit at home, which all provided some relief. The patient's complaints include pain in the head, neck, mid back, lower back, right shoulder and right elbow with radiation to the right arm. Pain is associated with numbness and weakness in the right arm. Patient states her symptoms have been unchanged since the injury. The UR determination dated 07/16/2013 indicates treator is requesting Neuromuscular therapy 2 times a week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Neuromuscular therapy 2 times a week for 6 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 58-59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: MTUS Chronic Pain Guidelines state passive therapy (those treatment modalities that do not require energy expenditure on the part of the patient) can provide short term relief during the early phases of pain treatment and are directed at controlling symptoms such as pain, inflammation and swelling, as well as help to improve the rate of healing soft tissue injuries. They can be used sparingly with active therapies to help control swelling, pain, and inflammation during the rehabilitation process. Neuromuscular therapy is a type of massage therapy, which is a passive therapy that can be implemented for short term relief during the early phase of pain treatment. Although the patient subjectively benefited from this treatment, MTUS Chronic Pain Guidelines only allow limited 4-6 visits in most cases. Beneficial effects are registered only during the treatment which appears to be the case with this patient. Overall, the patient's pain complaints have stayed the same. Given that the patient has already had 16 sessions of massage therapy, additional treatments are not consistent with MTUS Chronic Pain Guidelines. The request for Neuromuscular therapy 2 times a week for 6 weeks is not medically necessary and appropriate.