

Case Number:	CM13-0063765		
Date Assigned:	12/30/2013	Date of Injury:	03/01/2013
Decision Date:	04/15/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/10/2013

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. The expert reviewer is Board Certified in Family Practice, and is licensed to practice in Texas. 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/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 51-year-old male who reported an injury on 03/01/2013. The mechanism of injury was not specifically stated. The patient is currently diagnosed with cervical sprain, displacement of cervical intervertebral disc without myelopathy, cervicgia, lumbar sprain, displacement of lumbar intervertebral disc without myelopathy, left shoulder sprain, and pain in joint involving the shoulder region. The patient was seen by [REDACTED] on 11/07/2013. The patient reported persistent shoulder and lower back pain. Physical examination revealed non-specific tenderness in the left shoulder, positive impingement testing, decreased left shoulder range of motion, moderate paraspinal tenderness in the cervical spine, positive distraction testing and shoulder depression testing, decreased cervical range of motion, positive Milgram's testing, decreased lumbar range of motion, tenderness to palpation of the lumbar spine, and spasms with radiation to the bilateral lower extremities. Treatment recommendations included continuation of acupuncture treatment and chiropractic therapy. The patient was also referred for myofascial release/soft tissue therapy and a pain management consultation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for six (006) Myofascial release/soft tissue therapy visits between 11/07/2013 and 01/09/2014: Upheld

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

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

Decision rationale: California MTUS Guidelines state massage therapy is recommended as an option. This treatment should be an adjunct to other recommended treatment and it should be limited to 4 to 6 visits in most cases. There is no documentation of this patient's active participation in physical therapy or active modalities to be used in conjunction with passive therapy. Therefore, the current request cannot be determined as medically appropriate. As such, the request is non-certified.