

<b>Case Number:</b>	CM14-0160946		
<b>Date Assigned:</b>	10/06/2014	<b>Date of Injury:</b>	01/19/2012
<b>Decision Date:</b>	11/01/2014	<b>UR Denial Date:</b>	09/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/30/2014

### 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 Physical Medicine and Rehabilitation has a subspecialty in Pain Medicine 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 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:

This is a patient of the date of injury of January 19, 2012. A utilization review determination dated September 30, 2014 recommends non-certification of structural integration/Rolfing manual medicine X8 sessions. Non-certification was recommended due to lack of documentation of objective functional gains from prior care as well as limited documentation indicating how many sessions the patient had undergone previously. A progress report dated September 12, 2014 identifies continued complaints of tightness that starts in the right shoulder and radiates to the right upper extremity and hand. The patient previously underwent Rolfing treatment and felt that this seemed to be helpful in relieving some of his shoulder and neck tightness. Objective examination findings are not listed. Diagnoses include medial epicondylitis, Ulnar neuritis, repetitive strain injury, cervical spondylosis, and cervical radiculitis. The treatment plan recommends 8 sessions of structural integration manual therapy.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**A request for Structural integration/Rolfing Manual Medicine for eight sessions:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58-60 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Massage Therapy

**Decision rationale:** Regarding the request for Structural integration/Rolfing Manual Medicine, guidelines do not have specific criteria regarding the use of Rolfing. However, regarding the use of manual therapy and massage, Chronic Pain Medical Treatment Guidelines support the use of manual therapy and massage for the treatment of chronic pain caused by musculoskeletal conditions. Guidelines go on to recommend a trial of up to 6 visits over 2 weeks for the treatment of low back pain. With evidence of objective functional improvement, additional treatments may be supported. Within the documentation available for review, it is unclear exactly what objective functional deficits are intended to be addressed with the currently requested manual therapy. Additionally, the currently requested 8 treatment sessions exceeds the number recommended as an initial trial by guidelines. Finally, it appears the patient has self procured previous sessions of manual therapy, and there is no documentation of objective functional improvement as a result of those sessions. In light of the above issues, the currently requested Structural integration/Rolfing Manual Medicine is not medically necessary.