

<b>Case Number:</b>	CM14-0048282		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	07/05/2013
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	04/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/15/2014

### 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 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 54 year-old patient sustained an injury on 7/5/13 from a fall off a ladder/scaffolding while employed by [REDACTED]. The patient sustained a left humeral and distal radius fracture status post (s/p) open reduction and internal fixation (ORIF) with intramedullary rodding of humerus with left wrist treated non-operatively. The patient has had post-operative care to include medications and at least 24 physical therapy visits. Request under consideration include Chiropractic treatment with supervised physiotherapy myofascial release and functional restoration program to left shoulder, left wrist and left hand 2x6. Report of 10/15/13 from the provider noted the patient with persistent symptoms in left arm and began additional PT at USHW on 11/17/13 with current 8 additional visits since then for total of 32 completed post-op PT sessions. Report of 3/5/14 noted patient started additional physical therapy (PT) under supervision of chiropractor for left shoulder, elbow, hand, and wrist with little improvement, still with difficulty raising his hand above his head. Exam showed left shoulder range of abd/flex/ext/add/IR/ER of 130/120/20/20/50/35 degrees respectively. Diagnoses include left shoulder impingement syndrome and left lateral epicondylitis. The patient remained off work on TTD. The request for Chiropractic treatment with supervised physiotherapy myofascial release and functional restoration program to left shoulder, left wrist and left hand 2 times 6 was non-certified on 4/3/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment with supervised physiotherapy myofascial release and functional restoration program to left shoulder, left wrist and left hand 2 times 6: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Postsurgical Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chiropractic Care, Manual Therapy & Manipulation, Pages 58-60, Treatment; Post-surgical Guidelines, Fracture of Humerus: Postsurgical treatment: 24 visits over 14 weeks; Postsurgical physical medicine treatment period: 6 months. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Myofascial Pain/therapies, pages 772-773.

**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. Post-surgical treatment guidelines allow for 24 PT visits for humerus fracture over rehab period of 6 months. From records review, the patient has completed at least 32 post-op PT sessions over one year without any functional improvement, remaining not working on TTD status. 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. It appears the patient has received an extensive conservative treatment trial and remains not working. It is unclear why the patient requires a functional restoration program as the clinical exam findings remain unchanged and there is no documentation of limiting activities of daily living (ADL) functions or significant loss of ability to function independently resulting from the chronic pain. Submitted reports have not specifically identified neurological and functional deficits. The Chiropractic treatment with supervised physiotherapy myofascial release and functional restoration program to left shoulder, left wrist and left hand 2 times 6 is not medically necessary and appropriate.