

Case Number:	CM14-0074540		
Date Assigned:	07/16/2014	Date of Injury:	12/04/2009
Decision Date:	08/25/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/21/2014

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:

The injured worker is a 59-year-old male who reported an injury on 12/04/2009. The mechanism of injury was not provided in the documentation. His diagnoses were noted to be a herniated cervical disc and osteoarthritis of the right knee. An examination on 04/15/2014 noted the injured worker with complaints of left knee pain, right wrist pain, neck pain, back pain, shoulder pain bilaterally, right knee pain and anxiety with depression. The clinical evaluation of the cervical spine noted tenderness in the cervical region bilaterally. There was hypertonicity in the cervical region on both sides. Myofascial trigger points were present in the trapezii on both sides. Palpation of the wrists revealed tenderness of the right anterior wrist. There was a decrease in grip strength on the right. The lumbar spine evaluation revealed tender areas on both sides. Palpation to the lumbar musculature demonstrated hypertonicity in that area and the lumbar region on both sides. Trigger points were present in the erector spinae bilaterally. The thoracic spine revealed tender areas on both sides. Palpation of the thoracic musculature demonstrated hypertonicity in the thoracic region bilaterally. The treatment plan included therapeutic strengthening exercises, ultrasound and myofascial release and electronic muscle stimulation. The provider's rationale for the request was provided within the documentation dated 04/15/2014. The Request for Authorization for Medical Treatment was not provided within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

6 Myofascial Release 1 x 6 weeks for Bilateral Wrists, Cervical, Thoracic, Lumbar, Bilateral Shoulders and Left Knee: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines recommend manual therapy and manipulation for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvements that facilitate progression in the injured worker's therapeutic exercise program and a return to productive activities. Manipulation is manual therapy that moves a joint beyond the physiologic range of motion but not beyond the anatomic range of motion. The treatment parameters from the guidelines are 4 to 6 treatments. The frequency is 1 to 2 times per week the first 2 weeks as indicated by the severity of the condition. Treatment may continue at 1 treatment per week for the next 6 weeks. The maximum duration for therapy is 8 weeks. At week 8, injured workers should be re-evaluated. The guidelines do not recommend manual therapy for the wrists and knees. It is not noted within the documentation if the injured worker had efficacy from prior manual therapy treatments. The documentation also fails to indicate failed conservative care. Therefore, the request for 6 myofascial release 1 time a week for 6 weeks for the bilateral wrists, cervical, thoracic, lumbar, bilateral shoulders and the left knee is not medically necessary.