

Case Number:	CM15-0205176		
Date Assigned:	10/22/2015	Date of Injury:	06/04/2013
Decision Date:	12/03/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	10/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 06-04-2013. She has reported injury to the neck, right upper extremity, and low back. The diagnoses have included cervical strain-sprain; complex regional pain syndrome, right upper extremity, Type I; and right shoulder adhesive capsulitis. Treatment to date has included medications, diagnostics, compression glove, physical therapy, occupational therapy, and home exercise program. Medications have included Gabapentin, Keppra, Lyrica, Nucynta ER, and Ketoprofen. A progress report from the treating physician, dated 09-15-2015, documented a follow-up visit with the injured worker. The injured worker reported neck pain that radiates down the right upper extremity; the pain is accompanied by frequent numbness and tingling in the bilateral upper extremities to the level of the fingers and hands; pain in the bilateral arms and hands that occurs constantly; there is allodynia, color change, hypersensitivity, swelling, and temperature change in the right upper extremity which is now colder, especially the right middle finger; she is unable to make a fist in the right hand; there are ongoing activities of daily living limitations due to pain; the pain is rated at 1-2 out of 10 in intensity on average with medications; the pain is rated as 3-4 out of 10 in intensity without medications; and the pain is reported as improved since the last visit. Objective findings included she is alert, oriented, and in slight to moderate distress; spinal vertebral tenderness is noted in the cervical spine C5-7; tenderness upon palpation at the trapezius muscles bilaterally; cervical spine range of motion was moderately limited due to pain; pain was significantly increased with flexion, extension, and bilateral, left, right rotation; tenderness is noted on palpation at the right hand; and range of motion is decreased at the right

middle digit with complaint of pain. The treatment plan has included the request for 8 myofascial release therapy sessions for the cervical spine. The original utilization review, dated 10-15-2015, non-certified the request for 8 myofascial release therapy sessions for the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

8 myofascial release therapy sessions for the cervical spine: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: According to the MTUS guidelines, myofascial therapy is considered manual therapy. It is recommended for chronic musculoskeletal pain. Therapeutic care is for 6 visits over 2 weeks with functional improvement up to a maximum of 18 visits over 8 weeks. Although the therapy may be beneficial, the 8 sessions requested exceeds the amount required to determine functional benefit. As a result, the request is not medically necessary.