

Case Number:	CM15-0081541		
Date Assigned:	05/04/2015	Date of Injury:	01/31/2014
Decision Date:	06/05/2015	UR Denial Date:	04/13/2015
Priority:	Standard	Application Received:	04/28/2015

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: New York, Tennessee
 Certification(s)/Specialty: Emergency Medicine

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 55 year old male, who sustained an industrial injury on 01/31/2014. He has reported subsequent wrist, hand and elbow pain and was diagnosed with left wrist dorsal cutaneous branch ulnar nerve neuropraxia, left wrist ulnar impaction and left elbow lateral epicondylitis. Treatment to date has included oral pain medication, physical therapy, occupational therapy, a home exercise program and surgery. In a progress note dated 03/30/2015, the injured worker complained of throbbing pain in the left wrist and some numbness on the dorsal ulnar aspect of the hand and wrist. Objective findings were notable for mild swelling of the wrist, dysesthesias along the dorsal aspect of the hand and decreased range of motion of the wrist. A request for authorization of active release technique therapy of the bilateral hips was submitted. There was no medical documentation submitted that pertains to the current treatment request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Active release technique (ART) therapy for bilateral hips (no frequency and duration provided): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation dynamicsportspt.com/art-for-hip-pain/.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Hip & Pelvis, Active release technique (ART) manual therapy.

Decision rationale: Active release technique (ART) manual therapy is under study. While this is one of many possible techniques used in manual therapy, there are no specific high quality published studies to support use of Active Release Technique (ART), although there may be anecdotal information. In general, manual therapy, whether by physical therapists or by chiropractors, is a recommended treatment for many conditions in ODG. ART is a soft tissue massage technique developed and patented by [REDACTED]. It is most commonly used to treat conditions related to adhesions or scar tissue in overused muscles. According to ART practitioners, as adhesions build up, muscles become shorter and weaker, the motion of muscles and joints are altered, and nerves can be compressed. As a result, tissues suffer from decreased blood supply, pain, and poor mobility. The goal of ART is to restore the smooth movement of tissues and to release any entrapped nerves or blood vessels. In an ART treatment, the provider uses his or her hands to evaluate the texture, tightness and mobility of the soft tissue. Using hand pressure, the practitioner works to remove or break up the fibrous adhesions, with the stretching motions generally in the direction of venous and lymphatic flow. In the first three levels of ART treatment, movement of the patient's tissue is done by the practitioner. In level four, however, ART requires the patient to actively move the affected tissue in prescribed ways while the practitioner applies pressure. Involvement of the patient is seen as an advantage of ART, as people who are active participants in their own healthcare are believed to experience better outcomes. The application of ART specifically to treat groin strains may be of benefit in increasing pain thresholds, but further research is required to validate the therapeutic effect of ART. In this case there is no documentation that the patient is experiencing any clinical symptoms pertaining to the hips. Medical necessity has not been established. The request should not be authorized. Therefore, the requested treatment is not medically necessary.