

<b>Case Number:</b>	CM14-0124302		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	09/21/2011
<b>Decision Date:</b>	10/22/2014	<b>UR Denial Date:</b>	07/16/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/06/2014

### 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 General Surgery, has a subspecialty in Surgical Critical Care and is licensed to practice in Texas. 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 37 year old female with a reported date of injury on September 21, 2011. Treatment has included eight physical therapy sessions to the cervical and thoracic spine. Office visit date of June 18, 2014, a clinical note by a treating physician reveals the injured worker is doing better with the use of Dendracin and currently working at an opera at a managerial capacity part time. On physical exam spurling sign is negative, motor strength is intact, sensibility intact, and range of motion (ROM) complete in all directions with slight pain upon left lateral flexion, pulling on the right. C4-5 and C5-6 have flexion, rotation, and side bending strain with spasms. Thoracic spine mild tenderness over bilateral ribs two through ten with posterior displacement. Full active range of motion is also noted. Diagnoses at this visit are listed as cervical strain, thoracic and rib strain, and Right De Quervian's syndrome. Treatment plan: Full duty remains in place and Dendracin was again prescribed. Follow up is noted to be scheduled in six months from the date of the June 18, 2014 visit. A recommendation for the current durable medical equipment DME request was not made by the June 18, 2014 provider.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Durable medical equipment foam rollers 6", cervical spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: J Strength Cond Res. 2014 Jan;28(1):61-8. doi: 10.1519/JSC.0b013e3182956569. The effects of myofascial release with foam rolling on performance. Healey KC1, Hatfield DL, Blanpied P, Dorfman LR, Riebe D.

**Decision rationale:** The claimant has cervical muscle pain and has been prescribed with a foam roller. This DME allows one to perform myofascial release. This is reasonable and is medically necessary.