

Case Number:	CM14-0142162		
Date Assigned:	09/10/2014	Date of Injury:	07/15/2010
Decision Date:	10/14/2014	UR Denial Date:	08/06/2014
Priority:	Standard	Application Received:	09/02/2014

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 Occupational Medicine 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:

Patient is a 49 year-old male with date of injury 07/15/2010. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 07/20/2014, lists subjective complaints as pain in the right shoulder. Examination of the right shoulder revealed tenderness about the biceps tendon and AC joint. Active abduction was 120 degrees; flexion 130 degrees. Lumbar spine: tenderness to palpation of the lumbar paraspinals with spasm and guarding. Patient was able to flex to 40 degrees and extend to 20 degrees. Diagnosis: 1. L4-5 spondylolisthesis 2. L4-5 discogenic pain 3. L2-3 and L3-4 disc desiccation and bulging 4. Cervical disc injury 5. Right shoulder impingement syndrome 6. Left knee pain 7. Status post left shoulder arthroscopic SLAP lesion repair. Medical records are somewhat sparse.

IMR ISSUES, DECISIONS AND RATIONALES

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

MYOFASCIAL RELEASE FOR 1X6 SESSIONS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MASSAGE THERAPY Page(s): 60.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 58-60.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Continued physical therapy is predicated upon demonstration of a functional improvement. There is no documentation of objective functional improvement.