

Case Number:	CM14-0169201		
Date Assigned:	10/17/2014	Date of Injury:	09/10/2010
Decision Date:	12/16/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	10/14/2014

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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 55-year-old male who was injured on September 9, 2010. The patient continued to experience pain in his neck and upper back. Physical examination was notable for pinpoint tenderness on the right wrist on the ulnar side, and full range of motion of neck and shoulders. Diagnoses included myofascial syndrome right parascapular area, cervical disc disease, right carpal tunnel syndrome, and right shoulder labral tear. Treatment included physical therapy, massage therapy, medications, and surgery. Request for authorization for trigger point myofascial release therapy 6 visits was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Series of 6 sessions of trigger point myofascial release therapy: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) 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. In this case the patient has full range of motion of neck and shoulders. There is no indication for therapy. In addition the therapy is still under study. The lack of evidence does not allow determination of efficacy or safety. The request is not medically necessary.