

Case Number:	CM14-0092982		
Date Assigned:	07/25/2014	Date of Injury:	03/24/2010
Decision Date:	09/19/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/19/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 50-year-old male with date of injury of 03/24/2010. The listed diagnoses per the requesting provider dated 05/23/2014 are left forearm tendonitis; status post right cubital tunnel release with residual ulnar neuropathy symptomatology in the right upper extremity; cervical and right shoulder myofascial strain syndrome with underlying C5-C6 and C6-C7 discogenic disease. According to this report, the patient notes pain along the left proximal forearm region. He has some residual pain along the medial aspect of the right elbow. The physical examination shows tenderness to palpation of the proximal, radial, dorsal aspect of the left forearm over the course of the radial tunnel. Tinel's test is positive at the right cubital tunnel and right carpal tunnel. He has difficulty with adduction of the right little finger with respect to the adjacent fingers. His right shoulder examination is significant for having little pain associated with O'Brien's maneuver and crossover test at the right shoulder. The treater is requesting "active-release technique under the care of [REDACTED] at [REDACTED] for a total of 12 sessions to the neck and right shoulder." The utilization review denied the request on 06/04/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Active release technique for 12 visits for the neck and right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203,Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 58-59.

Decision rationale: The MTUS Guidelines on manual therapy and treatments page 58 and 59 recommends this treatment for chronic pain if caused by musculoskeletal conditions. A trial of 6 visits over 2 weeks and with evidence of objective functional improvement, up to 18 visits over 6 to 8 weeks is recommended. The medical records do not show that the patient has tried chiropractic treatments in the past. In this case, while the patient can benefit from a trial of chiropractic treatment/active release technique, the requested 12 sessions exceeds what is recommended by MTUS. Recommendation is not medically necessary.