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| Case Number: | CM13-0002489 | | |
| Date Assigned: | 06/23/2014 | Date of Injury: | 11/23/2011 |
| Decision Date: | 07/30/2014 | UR Denial Date: | 07/05/2013 |
| Priority: | Standard | Application Received: | 07/22/2013 |

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 New York and North Carolina. 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, a 43 year old man, injured 11/23/11 when picking up a heavy basket. He has been diagnosed with left C7 radiculopathy, left shoulder, arm and neck pain. He has had medications, physical therapy and chiropractic management. He has completed a functional restoration program for six weeks last year, finishing about one month before requesting a FCE and trigger point injections into the scapular region.

IMR ISSUES, DECISIONS AND RATIONALES

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

A functional capacity evaluation with chiropractor: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Fitness for Duty.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation Jahn WT et al. Functional and work capacity evaluation issues. Journal of chiropractic medicine. 3(1): Winter 2004; 1-5.

Decision rationale: Per ACOEM treatment guidelines in the MTUS, a functional capacity evaluation may be considered when necessary in order to translate medical impairment into

functional limitations and determine work capability. It is also used in formulating a work prescription, determining limitations a patient may have. The ODG says that the FCE is helpful before starting a work hardening program. Jahn et al. remarks that specialized training is necessary for appropriate functional and work capacity determinations. It is appropriate to determine whether the provider has received training in the system they are using, and the concepts involved with FCE. This patient finished a functional restoration program for six weeks, and was noted to have very specific functional improvement, such pushing and pulling tolerance - 30 pounds for 40 feet, carrying 40 pounds for 40 feet, etc. There is specific information about functional ability presented in the request for a FCE. He states that he needs to look at an FCE to recommend return to work and MMI status. The need for FCE is not thoroughly explained, especially in light of the requestor already possessing information about this patient's function. In reviewing the above criteria, and without questioning the expertise of the evaluator, none of the criteria for FCE are brought forth for consideration. The request for FCE is not medically necessary.

Scapular trigger point injections 1 x 5 weeks with local anesthesia: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: Per MTUS chronic pain guidelines, trigger point injections should not be done for radicular pain, only musofascial pain. No repeat injections should be completed unless >50% pain relief is obtained and sustained for 6 weeks after an injection, and there is functional improvement documented. The doctor has requested one injection per week for five weeks, which would be outside of treatment recommendations. The request is denied.