

Case Number:	CM13-0008988		
Date Assigned:	12/04/2013	Date of Injury:	05/14/2009
Decision Date:	02/03/2014	UR Denial Date:	08/01/2013
Priority:	Standard	Application Received:	08/08/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 physician 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 43-year-old female who reported an injury on 05/14/2009. The patient is diagnosed with status post artificial disc removal and C5-6 fusion with plate fixation and hypertension. The patient was seen by [REDACTED] on 06/28/2013. The patient reported aching pain in her neck and shoulder. Physical examination revealed a well-healed surgical incision with limited range of motion and intact sensation. Treatment recommendations included the continuation of current medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

Decision rationale: The California MTUS Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function and range of motion and can alleviate discomfort. Guidelines allow for a fading of treatment frequency plus active, self-directed home physical medicine. As

per the clinical notes submitted, the patient underwent surgical intervention over a year ago. Documentation of a postoperative course of physical therapy was not provided. There is no documentation of a significant musculoskeletal or neurological deficit on physical examination. A previous examination, performed by [REDACTED] on 06/24/2013, also indicated limited range of motion with tenderness to palpation. The patient was noted to have 5/5 strength and intact sensation. The medical necessity for the requested service has not been established. Therefore, the request is not medically necessary.

Functional Restoration Program: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 49.

Decision rationale: The California MTUS Guidelines state that functional restoration programs are recommended although research is still ongoing as to how to most appropriately screen for inclusion in these programs. Functional restoration programs were designed to use a medically directed, interdisciplinary pain management approach geared specifically to patients with chronic, disabling occupational musculoskeletal disorders. Treatment is not suggested for longer than 2 weeks without evidence of demonstrated efficacy as documented by subjective and objective gains. There is no documentation of an adequate and thorough evaluation to include psychological testing. There is no evidence of an assessment or evaluation of social and vocational issues, nor is there documentation of a treatment plan with identification of negative predictors of success. There is also no evidence of this patient's motivation to change and willingness to change their medication regimen. Based on the clinical information received, the patient does not currently meet the criteria for a functional restoration program. As such, the request is not medically necessary.

Psychological Testing and Evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 100-101.

Decision rationale: The California MTUS Guidelines state that prior to a functional restoration program or chronic pain program, patients should undergo a complex medical and psychological evaluation. As the patient does not currently meet the criteria for the requested functional restoration program, the current request for psychological testing and evaluation is also not medically necessary. As such, the request is not medically necessary.