

<b>Case Number:</b>	CM13-0038609		
<b>Date Assigned:</b>	12/18/2013	<b>Date of Injury:</b>	04/01/2013
<b>Decision Date:</b>	02/20/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/25/2013

### 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 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 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 53-year-old female who reported an injury on 04/01/2013. The injury was noted to have occurred gradually as the result of her usual work duties. Her diagnoses include cervicgia, bilateral shoulder sprain, bilateral wrist sprain, possible bilateral carpal tunnel syndrome, lumbago, left knee strain, and bilateral ankle sprain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Twelve (12) physiotherapy 1 to 2 times weekly:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

**Decision rationale:** According to the California MTUS Guidelines, physical therapy is recommended at 9 to 10 visits over 8 weeks in the treatment of unspecified myalgia and myositis. Physical therapy should be based on functional improvement. The patient has been noted to have functional deficits including decreased range of motion in her cervical spine, thoracolumbar spine, and bilateral wrists. However, the clinical information submitted for review fails to indicate whether the patient has previously participated in physical therapy and

the request does not specify the number of visits being requested. In the absence of this information, the request is not supported. As such, the request is non-certified.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, 2nd Edition, Chapter 7, Independent Medical Examinations and Consultations (pp. 132-139).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for duty, Functional capacity evaluation (FCE).

**Decision rationale:** According to the Official Disability Guidelines, Functional Capacity Evaluations may be recommended when prior return to work attempts were unsuccessful, when there are conflicting medical reports on precautions and/or fitness for modified work, when the patient is close to or at maximum medical improvement, or injuries require a detailed exploration of the worker's abilities. The patient was noted to have some minor functional deficits; however, an office note dated 09/04/2013 stated that the patient was currently working without restrictions. Her 09/18/2013 office note stated that the patient was temporarily totally disabled. As there is some conflicting information regarding whether the patient is working and whether she has work restrictions, the request is not supported. Additionally, the clinical information submitted for review did not contain detailed documentation as to why a Functional Capacity Evaluation is being requested for this patient. For these reasons, the request is non-certified