

<b>Case Number:</b>	CM13-0047137		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	06/06/2013
<b>Decision Date:</b>	04/25/2014	<b>UR Denial Date:</b>	10/18/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/05/2013

### 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 Physical Medicine and 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:

This is 56 year-old male who was injured on 8/6/13. He has been diagnosed with cervicobrachial syndrome; complete rotator cuff rupture; and lumbar strain/sprain. According to the 9/26/13 PM&R report form [REDACTED], the patient presents with 8/10 low back and right shoulder pain. It radiates the right hip and leg to the knee. He is also currently being treated for leukemia and has some nausea and diarrhea from chemo meds. He has hypertension and was recently diagnosed with diabetes type II. [REDACTED] measures cervical and lumbar and shoulder ROM, does manual strength testing, sensory and reflexes. He requests FCE; FRP evaluation; psych consult; acupuncture evaluation, PT 2x6.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 FUNCTIONAL RESTORATION PROGRAM (FRP) EVALUATION: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Functional restoration programs (FRPs) Page(s): 49.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (functional restoration programs) Page(s): 30-32.

**Decision rationale:** The physician did not address the prior methods of treating chronic pain; or discuss whether the patient is not a candidate for surgery or other treatments that would be warranted; the patient's motivation to change or negative predictors. The request is not in accordance with MTUS guidelines.

**1 FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines Chapter 7, page 137

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page(s) 137-138

**Decision rationale:** MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, was not adopted into MTUS, but would be the next highest-ranked standard according to LC4610.5(2)(B). ACOEM does not appear to support the functional capacity evaluations and states: "Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." The functional capacity evaluation does not appear to be in accordance with ACOEM guidelines.

**PHYSICAL THERAPY 2 TIMES PER WEEK FOR 6 WEEKS TO THE NECK AND LOW BACK FOR A TOTAL OF 12 SESSIONS: Upheld**

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

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

**Decision rationale:** According to the 9/26/13 PM&R report form [REDACTED] the patient presents with 8/10 low back and right shoulder pain. It radiates the right hip and leg to the knee. He was reported to have had a positive response to 2-sessions of PT and the physician requested a course of 2x6. MTUS guidelines recommends 8-10 sessions of PT for various myalgia and neuralgias. The request for PT x12 will exceed the MTUS recommendations.