

Case Number:	CM13-0054167		
Date Assigned:	06/13/2014	Date of Injury:	11/18/2011
Decision Date:	08/04/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	11/14/2013

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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:

A request for a functional capacity evaluation (FCE) is not medically necessary. The ODG states that an FCE can be obtained when case management is hampered by complex issues such as prior unsuccessful return to work attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities. The ODG also state that timing is appropriate. The patient should be close or at MMI/all key medical reports secured. Furthermore the ODG states not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The documentation is not clear on why an FCE is requested. Furthermore, the ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. The documentation does not indicate evidence of this. There is no documentation of complex issues of prior unsuccessful return to work attempts or conflicting medical reports. The MTUS ACOEM guidelines state that in many cases, determining limitations is not a medical issue and often physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. Without clear criteria or documentation of why an FCE is ordered the request for a functional capacity evaluation (FCE) is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81.

Decision rationale: A request for a functional capacity evaluation (FCE) is not medically necessary. The ODG states that an FCE can be obtained when case management is hampered by complex issues such as prior unsuccessful return to work attempts; conflicting medical reporting on precautions and/or fitness for modified job; injuries that require detailed exploration of a worker's abilities. The ODG also state that timing is appropriate. The patient should be close or at MMI/all key medical reports secured. Furthermore the ODG states not proceed with an FCE if the sole purpose is to determine a worker's effort or compliance or the worker has returned to work and an ergonomic assessment has not been arranged. The documentation is not clear on why an FCE is requested. Furthermore, the ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. The documentation does not indicate evidence of this. There is no documentation of complex issues of prior unsuccessful return to work attempts or conflicting medical reports. The MTUS ACOEM guidelines state that in many cases, determining limitations is not a medical issue and often physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. Without clear criteria or documentation of why an FCE is ordered the request for a functional capacity evaluation (FCE) is not medically necessary.

Acupuncture 1x4: Overturned

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The request for acupuncture 1 time a week for 4 weeks is medically necessary per the MTUS Acupuncture Guidelines. The guidelines states that acupuncture is indicated to treat chronic pain conditions, radiating pain along a nerve pathway, muscle spasm, inflammation, scar tissue pain, and pain located in multiple sites. The guidelines state that the time to produce functional improvement is 3 to 6 treatments and that acupuncture treatments may be extended if functional improvement is documented as defined in Section 9792.20. The documentation indicates that the patient has chronic pain and has only had 2 prior acupuncture sessions. The request for acupuncture 1 time a week for 4 weeks is medically necessary.

Chiropractic 2x4: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation page 58 Page(s): 58. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder-manipulation.

Decision rationale: Chiropractic 2 a times week for 4 weeks is not medically necessary per the MTUS Acupuncture Guidelines and per the ODG. The MTUS guidelines state that the intended goal or effect of manual medicine is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. The MTUS guidelines do not address manual medicine for the shoulder. The ODG guidelines state that there should be a fading of frequency of chiropractic care. There should be up to 9 visits for sprain/strain of the shoulder/upper arm. The documentation indicates that the patient has had 7 prior sessions of chiropractic care. The documentation does not reveal evidence of outcome of these sessions. An additional 8 visits would exceed guideline recommendations. Therefore, the request for chiropractic 2 a times week for 4 weeks is not medically necessary.