

Case Number:	CM13-0063637		
Date Assigned:	12/30/2013	Date of Injury:	12/27/2006
Decision Date:	05/13/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/10/2013

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 Pain Management 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 a female patient with an injury date of December 27, 2006. A physical therapy progress report dated October 22, 2013 indicates that the patient has undergone 17 postoperative physical therapy sessions for the left knee. The note indicates that the patient demonstrates good compliance with a home exercise program. A progress report dated August 21, 2013 indicates that the patient is not yet at maximum medical improvement, and recommends an MRI of the knees, left shoulder injection, and additional physical therapy. An operative report dated March 22, 2013 indicates that the patient underwent partial synovectomy, partial meniscectomy, and chondroplasty of the left knee. A progress report dated December 6, 2012 indicates that the patient has met maximum medical improvement for the lumbar spine. A physical therapy report dated December 10, 2012 indicates that the patient has undergone 12 physical therapy visits for the lumbar spine and cervical spine. A physical therapy progress report dated July 5, 2012 indicates that the patient has undergone 19 physical therapy sessions for the lumbar and cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

TWELVE (12) PHYSICAL THERAPY TO NECK, RIGHT KNEE, AND LOW BACK.:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines PHYSICAL MEDICINE Page(s): 98-99. Decision based on Non-MTUS Citation ODG NECK CHAPTER PHYSICAL THERAPY

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints Page(s): 173, 298, 337-338, Chronic Pain Treatment Guidelines SECTION ON PHYSICAL MEDICINE Page(s): 98. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE (ACOEM), 2ND EDITION, (2004)

Decision rationale: Regarding the request for additional physical therapy, Chronic Pain Medical Treatment Guidelines recommend a short course of active therapy with continuation of active therapies at home as an extension of the treatment process in order to maintain improvement levels. ODG has more specific criteria for the ongoing use of physical therapy. ODG recommends a trial of physical therapy. If the trial of physical therapy results in objective functional improvement, as well as ongoing objective treatment goals, then additional therapy may be considered. Within the documentation available for review, there is no indication of any objective functional improvement from the therapy already provided, no documentation of specific ongoing objective treatment goals, and no statement indicating why an independent program of home exercise would be insufficient to address any remaining objective deficits. Additionally, it is unclear how many PT sessions the patient has had on each body part in question, but the currently requested number (in addition to the sessions already provided) would exceed the maximum number recommended by guidelines for any of this patient's diagnoses. As such, the current request for additional physical therapy is not medically necessary.

FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM CHAPTER 7 (INDEPENDENT MEDICAL EXAMINATION AND CONSULTATIONS), PAGES 132-139 AND ODG (FITNESS FOR DUTY CHAPTER), FUNCTIONAL CAPACITY EVALUATION

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation AMERICAN COLLEGE OF OCCUPATION AND ENVIRONMENTAL MEDICINE (ACOEM) 2ND EDITION, 2004, OFFICIAL DISABILITY GUIDELINES (ODG), FITNESS FOR DUTY CHAPTER, FUNCTIONAL CAPACITY EVALUATION

Decision rationale: Regarding request for functional capacity evaluation, Occupational Medicine Practice Guidelines state that there is not good evidence that functional capacity evaluations are correlated with a lower frequency of health complaints or injuries. ODG states that functional capacity evaluations are recommended prior to admission to a work hardening program. The criteria for the use of a functional capacity evaluation includes case management being hampered by complex issues such as prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, or injuries that require detailed explanation of a worker's abilities. Additionally, guidelines recommend that the

patient be close to or at maximum medical improvement with all key medical reports secured and additional/secondary conditions clarified. Within the documentation available for review, there is no indication that there has been prior unsuccessful return to work attempts, conflicting medical reporting, or injuries that would require detailed exploration. In the absence of clarity regarding those issues, the currently requested functional capacity evaluation is not medically necessary.