

Case Number:	CM14-0000347		
Date Assigned:	01/17/2014	Date of Injury:	08/07/2013
Decision Date:	06/06/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	12/27/2013

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 & Rehabilitation 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:

The patient is a 26 year old female who sustained a work injury dated 8/7/13. Her diagnoses include cervical sprain, cervical radiculopathy, lumbar sprain, lumbar radiculopathy, bilateral knee tendonitis, bilateral ankle tendonitis, bilateral wrist tendonitis. There is a request for a functional capacity evaluation for the upper and lower extremities. There is a request for 12 physical therapy sessions for the bilateral wrists. There is an 8/14/13 evaluation from the primary treating physician that states that the mechanism of injury that was described leads him to believe that there may be some rheumatologic backgrounds to her complaints. He states that it is difficult to validate the complaints that the patient has in regards to multiple body parts. He states that there is indication that the patient was seen at an [REDACTED] and apparently she was returned back to her regular work activities. Unfortunately, the patient is indicating that she is unable to perform her work related activities. He states that all of the above issues will have to be clarified. A 9/16/13 electrodiagnostic study of the bilateral upper and lower extremities was negative. An 11/20/13 office visit revealed that a review of the cervical MRI showed 1 to 2-mm bulges from C3 through C6 with no central or foraminal stenosis. The patient is returning with continued complaint of neck, back, bilateral wrists and hand pain. Physical examination shows spasm, tenderness, and guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both. The wrists show positive Phalen and reverse Phalen signs with decreased grip strength and distal radial tenderness. Work restrictions will continue. An 11/11/13 secondary treating provider report states that the patient has completed the prescribed treatment and she reports some improvement in pain. She is requesting more treatment for other areas that she hasn't received treatment for (knees, ankles, wrists and hands) that she hasn't received treatment for. She complains of pain radiating to the shoulders and hands associated with numbness/tingling and producing pain. She has constant moderate to severe low

back pain. An 8/22/13 document states that the patient was authorized 6 PT sessions for the wrist. There is a secondary treatment physician document stating that throughout the course of her employment her physical symptoms gradually worsened due to pain and not knowing what to do. She would report the severe pain while working and she would be sent home; she has worked on and off ever since then.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION UPPER AND LOWER EXTREMITIES:

Overtured

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

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

Decision rationale: The ACOEM Guidelines state that one can consider using a functional capacity evaluation (FCE) when necessary to translate medical impairment into functional limitations and determine work capability. The ODG states that one can consider an FCE if case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities, close or at MMI/all key medical reports secured, or additional/secondary conditions need to be clarified. The ODG does not recommend an FCE if the sole purpose is to determine a worker's effort or compliance or if the worker has returned to work and an ergonomic assessment has not been arranged. The documentation provided for review indicates that the providing physician is interested in clarifying the patient's job function and limitations. There is also documentation where the patient states that since the course of employment that she would report the severe pain while working, and she would be sent home; she has worked on and off ever since then. A functional capacity evaluation of the upper and lower extremities is reasonable and medically necessary.

12 PHYSICAL THERAPY SESSIONS FOR THE BILATERAL WRISTS: 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 Physical Medicine Page(s): 98-99.

Decision rationale: The patient has had numerous therapy sessions. It is unclear exactly how many were for the wrist, neck or low back but it appears she has had therapy on the left wrist at least 6 times. A request for 12 therapy sessions would exceed the MTUS Chronic Pain Guidelines' recommendations of up to 10 visits for her condition. Furthermore it does not appear

that she has had functional improvements or improvements in pain with these sessions. There is no documentation of objective functional improvement. The request for 12 physical therapy sessions for the bilateral wrists is not medically necessary.