

Case Number:	CM14-0000436		
Date Assigned:	01/10/2014	Date of Injury:	12/07/2010
Decision Date:	04/23/2014	UR Denial Date:	12/09/2013
Priority:	Standard	Application Received:	01/02/2014

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 patient with a date of injury of December 7, 2010. A utilization review determination dated December 10, 2013 recommends non-certification of functional capacity evaluation, and certification of physical therapy 2X3 cervical/left shoulder. A progress report dated December 30, 2013 identifies subjective complaints of left sided head and neck pain, left shoulder pain, left elbow pain, and left forearm pain. The note indicates that the patient has undergone 6 cortisone injections to the left shoulder as well as left shoulder surgery in 2011. Objective examination findings identify paraspinal hyper tonus over the left cervical musculature, limited cervical spine range of motion due to pain, decreased range of motion in the shoulder on the left side due to pain and spasm, and positive orthopedic tests in the left shoulder. Weaknesses are noted in shoulder abductors and flexors. The diagnoses include cervical sprain/strain, cervical spondylosis, cervical disc syndrome, status post left shoulder surgery with residuals, left shoulder rotator cuff syndrome, and left biceps tendon rupture. The current treatment plan recommends left shoulder manipulation under anesthesia, functional capacity evaluation, and ongoing temporary total disability. A progress report dated November 11, 2013 includes treatment recommendations for a referral for physical therapy to improve strength, stability, ranges of motion, and decreased pain. A progress report dated September 9, 2013 indicates that the patient has undergone 20 physical therapy sessions prior to surgery and more than 40 following surgery. The note states that the patient is engaged in a home exercise program.

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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty

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 Chapter, Functional Capacity Evaluation

Decision rationale: Regarding request for functional capacity evaluation, the ACOEM 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. The Official Disability Guidelines (ODG) state 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, the 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.

PHYSICAL THERAPY TWO (2) TIMES A WEEK FOR THREE (3) WEEKS FOR THE CERVICAL SPINE AND LEFT SHOULDER (TREATMENT MODIFICATION): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints. Decision based on Non-MTUS Citation and Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention, Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints Page(s): 12,173,200,Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG), Neck & Upper Back Chapter, Physical Therapy, Shoulder Cha.

Decision rationale: Regarding the request for additional physical therapy, the CA MTUS guidelines recommend 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. In the absence of such documentation, the current request for additional physical therapy is not medically necessary.

