

Case Number:	CM14-0005672		
Date Assigned:	02/05/2014	Date of Injury:	06/16/2011
Decision Date:	07/11/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/15/2014

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 Occupational Medicine and is licensed to practice 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:

The patient is a 55-year-old male who has filed a claim for lumbar radiculopathy associated with an industrial injury date of June 16, 2011. Review of progress notes indicates low back pain radiating to bilateral lower extremities, left shoulder pain, and left knee pain. Findings include spasms, tenderness, and guarding of the lumbar musculature. There is decreased range of motion, and decreased sensation to the bilateral L5-S1 dermatomes. Regarding the left shoulder, there are positive impingement and Hawkins signs with decreased range of motion. Regarding the left knee, there is joint line tenderness and patellar crepitus upon movement. Lumbar MRI dated November 09, 2013 showed multilevel disc bulges with no evidence of central or foraminal stenosis. MRI of the left shoulder dated February 14, 2013 showed partial-thickness tear of the supraspinatus tendon, mild acromioclavicular arthrosis, and curved acromion process which may predispose to rotator cuff impingement. Left shoulder MRI dated June 25, 2013 showed partial tear rotator cuff. Electrodiagnostic study of the upper and lower extremities dated March 13, 2013 was unremarkable. Treatment to date has included opioids, anti-depressants, Xanax, physical therapy, chiropractic therapy, acupuncture, Medrox patches, topical creams, steroid injection to the left knee, and left knee arthroscopy in July 2012. Utilization review from December 19, 2013 denied the requests for functional capacity evaluation, as it is not supported by guideline recommendations; and for 12 sessions of physiotherapy to the lumbar spine as there was no improvement with previous physical therapy sessions, and there is no mention of the specific objective functional goals of physical therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

FUNCTIONAL CAPACITY EVALUATION (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 138.

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 (FCE).

Decision rationale: The CA MTUS Guidelines do not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, ODG Guidelines were used instead. According to ODG, functional capacity evaluations (FCEs) are recommended prior to admission to a work hardening program, with preference for assessments tailored to a specific task or job. They are not recommended for routine use as part of occupational rehab or screening, or generic assessments. Consider an FCE if case management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting on precautions or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. This patient has had a functional capacity evaluation dated February 25, 2013 that documented the patient's capabilities and disabilities associated with performance of work duties. There have been no significant changes in the patient's condition since then, and a repeat functional capacity evaluation is not necessary at this time. Therefore, the request for functional capacity evaluation (FCE) is not medically necessary.

TWELVE (12) ADDITIONAL SESSIONS OF PHYSIOTHERAPY TO THE LUMBAR SPINE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation ODG Physical Therapy Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Physical therapy (PT).

Decision rationale: Page 98-99 of the CA MTUS Chronic Pain Medical Treatment Guidelines stress the importance of a time-limited treatment plan with clearly defined functional goals, frequent assessment and modification of the treatment plan based upon the patient's progress in meeting those goals, and monitoring from the treating physician regarding progress and continued benefit of treatment. ODG recommends 10-12 visits for lumbosacral radiculitis. The patient reports never receiving physiotherapy in the past for the back complaint. The requesting physician indicated the goals of therapy as reduction of pain level, improvement in function, and instruction regarding a home exercise program. However, it is unclear whether the patient has had previous physical therapy sessions. The request indicates additional physiotherapy sessions, but there is no submitted documentation regarding previous physical therapy sessions. Additional information and clarification is necessary at this time. Therefore, the request for twelve additional sessions of physiotherapy to the lumbar spine is not medically necessary.

