

Case Number:	CM14-0009264		
Date Assigned:	02/14/2014	Date of Injury:	02/05/2009
Decision Date:	09/22/2014	UR Denial Date:	01/22/2014
Priority:	Standard	Application Received:	01/23/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 submitted a claim for traction injury, right upper extremity; cervical radiculitis, MRI evidence (09/02/2009) of 1-2 mm disc bulges with facet arthropathy at C5-6, C6-7, with mild stenosis; right shoulder strain, status post arthroscopy with residuals; right elbow ulnar nerve neuritis, status post anterior transposition of ulnar nerve with residuals; triggering right ring finger; and cervical spine evidence of acute C5, C6, and C7, and left C5 and C6 cervical radiculopathy associated with an industrial injury date of 02/05/2009. Medical records from 06/12/2013 to 01/13/2014 were reviewed and showed that patient complained of right elbow pain graded 8/10 radiating down the right forearm and cervical pain graded 8/10 radiating down the right shoulder. Physical examination of the cervical spine revealed tenderness and myospasm at the paracervical muscles, sensory deficit of the C5, C6, and C7 distributions of the right upper extremity, and normal MMT. Physical examination of the right shoulder revealed tenderness over the trapezius, AC joint, and coracoid process with limited ROM and positive coracoid process. Physical examination of the right elbow revealed tenderness over the medial epicondyle of the right elbow and common extensor tendon at the lateral epicondyle. Limited ROM was noted. Muscle atrophy was noted in the right hand with sensory deficits in the ulnar distribution. Positive Tinel's test was noted. MRI of the cervical spine dated 09/02/2009 revealed C5-6 and C6-7 disc bulges with facet arthropathy and mild stenosis. EMG of the upper extremities dated 09/12/2013 revealed acute right C5, C6, and C7, and left C5 and C6 cervical radiculopathy. MRI of the right shoulder dated 09/10/2009 and 10/20/2010 both revealed degenerative changes on the AC joint. Treatment to date has included right shoulder arthroscopy, manipulation, decompression, and distal clavicle resection (01/31/2012), right elbow anterior transposition, subcutaneous, ulnar nerve (07/24/2009) cervical epidural injection x2 (10/13/2011), right shoulder cortisone injection (02/25/2011), acupuncture,

massage, 78 sessions of physical therapy, 12 sessions of chiropractic treatment, and pain medications. Utilization review dated 01/22/2014 denied the request for functional capacity evaluation because there was no documentation of compelling rationale for need of a formal capacity evaluation. Utilization review dated 01/22/2014 denied the request for chiropractic therapy, 3 x 4 weeks because there was no documentation of objective evidence of pain relief and functional improvement following the most recent course of chiropractic treatment.

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 ACOEM Practice Guidelines, 2nd Edition, Functional Capacity Evaluations (FCEs), page 137 and Official Disability Guidelines (ODG), Fitness for Duty (web: updated 11/12/13), Functional Capacity Evaluations.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, page (s) 132-139 Official Disability Guidelines (ODG) Fitness for Duty Chapter, Functional capacity evaluation (FCE).

Decision rationale: As stated on page 132-139 of the ACOEM Low Back Guidelines referenced by CA MTUS functional capacity evaluations (FCEs) may be ordered by the treating physician if the physician feels the information from such testing is crucial. It also states that there is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace. ODG recommends FCE prior to admission to a work hardening program with preference for assessments tailored to a specific task or job. FCE is considered if there is prior unsuccessful return to work attempts, and the patient is close to maximum medical improvement. In this case, there was no documentation of a recent proposed job or prior unsuccessful return to work attempts. Subjective and objective findings do not indicate that patient is close to maximum medical improvement. There is no clear indication for functional capacity evaluation at this time. Therefore, the request for Functional capacity evaluation is not medically necessary.

Chiropractic therapy, 3x4 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58 and 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy & Manipulation Page(s): 59-60.

Decision rationale: According to CA MTUS Chronic Pain Treatment Guidelines, manual therapy such as chiropractic care is widely used in the treatment of musculoskeletal pain. 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 recommended initial therapeutic care for low back is a trial of 6 visits over 2 weeks, with evidence of objective functional improvement. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits. Chiropractic care is not recommended for other body parts other than low back. In this case, the patient has completed 12 visits of chiropractic treatment. There was no documentation concerning the functional outcome from previous sessions to support continuation of chiropractic treatment. There is no clear indication for chiropractic treatment at this time. Therefore, the request for Chiropractic therapy, 3x4 weeks is not medically necessary.