MAXIMUS Federal Services

Case Number:	CM14-0013996		
Date Assigned:	02/26/2014	Date of Injury:	09/01/2012
Decision Date:	07/02/2014	UR Denial Date:	01/16/2014
Priority:	Standard	Application Received:	02/04/2014

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 Medicine and is licensed to practice in Tennesse. 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 injured worker is a 33-year-old female with reported injury date on 09/01/2012; the mechanism of injury was not provided. The injured worker's diagnoses include right hand pain with numbness, right elbow pain and right shoulder pain. The clinical note dated 12/31/2013 is handwritten and largely illegible. The treatment plan included with the clinical note noted that the requesting physician is requesting chiropractic care 3 times a week for 4 weeks, a Functional Capacity Evaluation, and a urine drug screen. The requests for authorization for an initial Functional Capacity Evaluation and right shoulder chiropractic treatment 3 times a week for 4 weeks were submitted on 01/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

BASELINE FUNCTIONAL CAPACITY EVALUATION: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 137-138.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness fo duty Functional capacity evaluation (FCE).

Decision rationale: The Official Disability Guidelines (ODG) state that Functional Capacity Evaluations may be recommended prior to admission to a work hardening program with preference for assessment tailored to specific task or job. The ODG guidelines also state that it is not recommended for routine use as part of occupational rehab or screening. Based on the documentation provided, this request remains unclear as there is a lack of rationale provided for the need of a Functional Capacity Evaluation. Additionally, there is lack of evidence that the employee is going to be participating in a work hardening program. Therefore, the request for a baseline functional capacity evaluation is not medically necessary and appropriate.

CHIROPRACTIC TREATMENT 3 TIMES A WEEK FOR 4 WEEKS FOR THE RIGHT SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 203. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-60.

Decision rationale: The California MTUS Guidelines state that manual therapy manipulation may be recommended for chronic pain if caused by musculoskeletal conditions. The intended goal of manual medicine is the achievement of positive symptomatic or objective measurable gains in function that facilitate progression in the patient's therapeutic exercise program and return to productive activities. Based on the available documentation provided, this request remains unclear as there is a lack of rationale provided for this request. Additionally, there is a lack of objective clinical findings to suggest that the employee would benefit from this requested treatment. Furthermore, there was a lack of documentation provided showing that the employee is participating in a therapeutic exercise program. Therefore, the request for chiropractic treatment three times a week for four weeks for the right shoulder is not medically necessary and appropriate.

URINE DRUG TEST: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43.

Decision rationale: The request for urine drug screen is non-certified. The California MTUS Guidelines state that drug testing may be recommended as an option for screening to assess for the use or presence of illegal drugs and screening for injured workers to assess for appropriate use of prescription opioids. This request remains unclear as there is a lack of rationale for this request provided within the available documentation. Additionally, there is lack of evidence that the injured worker has been prescribed narcotics and/or abusing illegal drugs. As such, this request is non-certified.