

Case Number:	CM14-0155782		
Date Assigned:	09/25/2014	Date of Injury:	09/10/2013
Decision Date:	12/24/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/23/2014

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 Family Medicine and is licensed to practice in New Jersey. 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 worker is a 57 year old female who was injured on 9/10/2013 after falling on her face, right arm, and right knee. She was diagnosed with right rotator cuff tear, cervical spine strain/strain, lumbar spine strain with radiculopathy, and lumbar spondylolisthesis. She was treated with physical therapy (approved for at least 14 sessions), corticosteroid injection and surgery of the right shoulder, work restrictions, chiropractor treatments, and medications. She continued to work with chronic intermittent pain in her neck, shoulder, and low back initially but was later stopped working and remained off. There was no record of her attempting to return to work afterwards. On 8/15/14, the worker was seen by her primary treating physician reporting continual and persistent low back pain with radiation to her thighs as well as right shoulder pain with limited range of motion. She also reported doing stretches for her shoulder, but is noticing a pain in her right thumb, which is new. She also reported having "increased benefits" with her cervical and lumbar spine due to the physical therapy she had been attending, however, no other details were provided in the progress note. Physical examination revealed tenderness of cervical paraspinal and trapezial muscles, positive cervical distraction test, cervical muscle spasm, tenderness of the right shoulder and restricted range of motion as well as weakness of the rotator cuff, increased muscle tone of the lumbar area with tenderness over the paraspinal muscles and over the L5-S1 facets and right greater sciatic notch. She was then recommended continued physical therapy for the following month as well as have a right shoulder MRI and a Functional Capacity Evaluation to "assess her return to work environment.

IMR ISSUES, DECISIONS AND RATIONALES

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

Eight (8) Physical Therapy Sessions: 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: Physical therapy in the form of passive therapy for the lower back and shoulder is recommended by the MTUS Guidelines as an option for chronic lower back or shoulder pain during the early phases of pain treatment and in the form of active therapy for longer durations as long as it is helping to restore function, for which supervision may be used if needed. The MTUS Guidelines allow up to 9-10 supervised physical therapy visits over 8 weeks for lower back or shoulder pain related to muscle inflammation. The goal of treatment with physical therapy is to transition the patient to an unsupervised active therapy regimen, or home exercise program, as soon as the patient shows the ability to perform these exercises at home. In the case of this worker, she had been approved for and completed at least 14 sessions of physical therapy, but without documentation following these sessions which clearly demonstrated pain relief or functional improvements. Also, there was report of the worker performing home stretches without difficulty. The request for continued physical therapy for an additional month does not seem appropriate at this stage and shifting to more self-directed home exercises/stretchers should be recommended. Therefore, the 8 Physical Therapy Sessions for the low back and right shoulder are not medically necessary.

MRI right shoulder: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 207-209.

Decision rationale: MRI be helpful or warranted. After the initial course of conservative treatment over the 4-6 week period after the injury, MRI may be considered to help clarify the diagnosis in order to change the plan for reconditioning. The criteria for MRI of the shoulder include 1. Emergence of a red flag (intra-abdominal or cardiac problems presenting as shoulder problems), 2. physiologic evidence of tissue insult or neurovascular dysfunction such as cervical root problems presenting as shoulder pain, weakness from a massive rotator cuff tear, or the presence of edema, cyanosis, or Raynaud's phenomenon, 3. failure to progress in a strengthening program intended to avoid surgery, and 4. Clarification of the anatomy prior to an invasive procedure such as in the case of a full thickness tear not responding to conservative treatment. In the case of this worker, there was insufficient evidence seen in the notes provided for review to show she had signs or symptoms of a red flag diagnosis and did not meet any other criteria for special imaging. Therefore, an MRI of the right shoulder is not medically necessary.

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG: Guidelines for performing an FCE

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chapter 1 Prevention Page(s): 12,21. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty section, Functional capacity evaluation

Decision rationale: The MTUS Guidelines state that at present, there is not good evidence that functional capacity evaluations (FCE) are correlated with a lower frequency of health complaints or injuries, and that the preplacement examination process will determine whether the employee is capable of performing in a safe manner the tasks identified in the job-task analysis. However, an FCE may be considered. The ODG goes into more detail as to which situations would benefit from an FCE, and how to make a request for such. It states that the healthcare provider requesting an FCE request an assessment for a specific task or job when wanting admission to a Work Hardening (WH) Program. The FCE is more likely to be successful if the worker is actively participating in determining the suitability of a particular job. The provider should provide as much detail as possible about the potential job to the assessor, and the more specific the job request, the better. The FCE may be considered when management is hampered by complex issues such as prior unsuccessful RTW attempts, conflicting medical reporting of precautions and/or fitness for modified job, or injuries that require detailed exploration of a worker's abilities. The timing of the request also has to be appropriately close or at maximal medical improvement with all key medical reports secured and additional conditions clarified. The ODG advises that one should not proceed with 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. In the case of this worker, she does not qualify for consideration of a functional capacity evaluation. There was no details provided regarding her work tasks and prior attempts to return to work which might help the reviewer make a consideration for the medical necessity of an FCE. Therefore, the FCE is not medically necessary.