MAXIMUS Federal Services

Case Number:	CM14-0022305		
Date Assigned:	05/09/2014	Date of Injury:	08/15/2011
Decision Date:	09/29/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/21/2014

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 Neuromuscular Medicine and is licensed to practice in Maryland. 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 50 year old female with a work injury dated 8/17/11. The diagnoses include cervical intervertebral disc syndrome and radiculitis, thoracic sprain/strain, lumbar intervertebral disc syndrome with radiculitis, and bilateral shoulder internal derangement . Under consideration is a functional capacity evaluation and 12 physiotherapy treatments. There is a primary treating physician report dated 1/16/14 that states that the patient has neck, back and shoulder pain. On exam there was limited and painful range of motion in the neck, thoracic and lumbar spine and shoulder. The treatment plan included physical therapy and an FCE. The patient is on modified work.

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: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty- Functional Capacity Evaluation.

Decision rationale: Functional Capacity Evaluation is not medically necessary per the MTUS ACOEM and the ODG Guidelines. The ACOEM guidelines state that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. The ODG states that an FCE can be considered if case management is hampered by complex issues. The ODG states that it is not appropriate to perform an FCE if the worker has returned to work and an ergonomic assessment has not been arranged.The documentation does not indicate complex case management issues. The documentation indicates that the patient is back to work on modified duty. The request for a Functional Capacity Evaluation is not medically necessary.

PHYSIOTHERAPY 2 X 6 CERVICAL/THORACIC/LUMBAR: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99.

Decision rationale: Physiotherapy 2 x 6 cervical/thoracic/lumbar is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had an injury in 2011. Without documentation of how many visits of physical therapy the patient has had in the past and the outcome of this therapy it is not possible to recommend additional therapy. Furthermore, the request for 12 visits of therapy exceeds guideline recommendations for this condition. For these reasons the request for physiotherapy 2 x 6 cervical/thoracic/lumbar is not medically necessary.