

Case Number:	CM14-0025830		
Date Assigned:	06/13/2014	Date of Injury:	03/02/2010
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/28/2014

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 & Rehabilitation and is licensed to practice in 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:

This 42 year-old patient sustained an injury on 3/2/10. Request(s) under consideration include physiotherapy for lumbar spine three (3) times a week for four (4) weeks, functional capacity evaluations: related to trunk and upper extremities, and functional capacity evaluations: related to trunk and lower extremities. Diagnoses include Lumbar radiculopathy, right shoulder sprain/strain, Right knee and ankle tendonitis/bursitis; status post (s/p) left knee anterior cruciate ligament (ACL) repair (nonindustrial, age 27) and right ankle tendonitis/bursitis with internal derangement. Report of 1/13/14 from the provider noted low back pain radiating to lower extremities with right numbness, tingling and weakness. The patient is s/p series of two lumbar epidural injections that did not significantly improve her pain and is considering surgical intervention. Recommendation included physical therapy and functional capacity evaluation to assess the patient's physical abilities and provider her with permanent work restrictions. It was noted the patient is currently working on a regular basis at her usual and customary occupation and "she should continue to do so." It was noted the patient has never been provided physical therapy for her injury; however, there have been multiple physical therapy peer review report in 2012. Of note the review dated 3/5/12 had certified the request for physical (PT) and another review of 10/4/12 noted non-certification as past physical therapy did not demonstrate significant improvement. Request(s) for physiotherapy for lumbar spine three (3) times a week for four (4) weeks, functional capacity evaluations: related to trunk and upper extremities, and functional capacity evaluations: related to trunk and lower extremities were non-certified on 2/18/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHYSIOTHERAPY FOR LUMBAR SPINE THREE(3) TIMES A WEEK FOR FOUR(4) WEEKS: 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 is considered medically necessary when the services require the judgment, knowledge, and skills of a qualified physical therapist due to the complexity and sophistication of the therapy and the physical condition of the patient. There are unchanged chronic symptom complaints and clinical findings without clear neurological deficits. There is no evidence documenting functional baseline with clear goals to be reached and the patient striving to reach those goals. The Chronic Pain Guidelines allow for 9-10 visits of physical therapy with fading of treatment to an independent self-directed home program. There is no clear specific functional improvement in activities of daily living (ADLs) or decrease in medication and utilization without physiologic evidence of tissue insult, neurological compromise, or red-flag findings to support further treatment. The physiotherapy for lumbar spine three (3) times a week for four (4) weeks is not medically necessary and appropriate.

FUNCTIONAL CAPACITY EVALUATIONS: RELATED TO TRUNK AND UPPER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138;.

Decision rationale: Per the patient's provider, the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is currently working regular duties. Additionally, per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple non-medical factors, which would not determine the true indicators of the individual's capability or restrictions. The functional capacity evaluations: related to trunk and upper extremities is not medically necessary and appropriate.

FUNCTIONAL CAPACITY EVALUATIONS: RELATED TO TRUNK AND LOWER EXTREMITIES: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 1 Prevention Page(s): 12, Acupuncture Treatment Guidelines. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Chapter 7, Independent Medical Examinations and Consultations, page(s) 137-138;.

Decision rationale: Per the patient's provider, the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat and is currently working regular duties. Additionally, per the ACOEM Treatment Guidelines on the chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation (FCEs), there is little scientific evidence confirming FCEs' ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple non-medical factors, which would not determine the true indicators of the individual's capability or restrictions. The functional capacity evaluations: related to trunk and lower extremities is not medically necessary and appropriate.