

Case Number:	CM14-0030669		
Date Assigned:	06/20/2014	Date of Injury:	08/05/2011
Decision Date:	07/17/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	03/10/2014

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 and is licensed to practice in Illinois. 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 57-year-old male who reported an injury on 08/05/2011. The mechanism of injury was not provided for clinical review. The diagnoses include lumbar spondylosis with myelopathy, tear of medial meniscus of the right knee, bursitis of the right knee, and chondromalacia patella of the right knee. Within the clinical note dated 03/12/2014 reported the injured worker complained of constant moderate to severe pain of the right knee. She described the pain as aching and sharp. The injured worker reported pain was aggravated by walking and standing. She complained of constant moderate to severe pain of the lumbar spine which she described as aching and sharp. The injured worker complained of constant moderate pain to the left knee described as popping and sharp. Upon the physical examination the provider indicated the injured worker to have 3+ spasms and tenderness of the bilateral lumbar paraspinal muscles from L4 to S1 and multifidus. The injured worker had a positive Kemp's test bilaterally. She had a positive straight leg raise on the right, and the Yeoman's was negative. Upon inspection of the knee, the injured worker had 3+ spasms and tenderness to the right anterior joint line and right quadriceps muscles. Prior conservative treatments were not provided for review. The provider requested for chiropractic visits, physical therapy visits, and Functional Capacity Evaluation. However, a rationale was not provided for clinical review. The request for authorization form was provided and submitted on 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiro x 6 right knee and lumbar spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MANUAL THERAPY Page(s): 58.

Decision rationale: The injured worker complained of left knee pain which was constant and moderate which she described as popping and sharp pain. She complained of constant moderate to severe pain of the lumbar spine described as aching and sharp. The California Medical Treatment Utilization Schedule (MTUS) Guidelines recommend that manual therapy for chronic pain if caused by musculoskeletal conditions. The intended goal or effect of manual therapy is the achievement of the 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 Guidelines recommend a total of 6 visits over 2 weeks and with evidence of objective functional improvement a total of up to 18 visits over 6 to 8 weeks. There is a lack of documentation regarding a complete and adequate physical exam to evaluate for decreased functional ability, decreased range of motion, and decreased strength and flexibility. The guidelines do not recommend chiropractic treatment for the knee. Therefore, the request for six chiropractic visits for the right knee and lumbar spine is not medically necessary and appropriate.

Physical Therapy x 6 to the right knee and lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The injured worker complained of left knee pain which was constant and moderate. She described the pain as popping and sharp. She complained of lumbar spine pain which she noted was constant and moderate to severe pain. She described the pain as aching and sharp. The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Active therapy requires the internal effort by the individual to complete a specific exercise or task. The Guidelines note the injured worker is instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The Guidelines recommend for neuralgia or myalgia 8 to 10 visits of physical therapy are recommended. There is a lack of documentation including an adequate and complete physical examination demonstrating the injured worker to have decreased functional ability, decreased range of motion, and decreased strength or flexibility. There is lack of documentation indicating the provider instructed the injured worker to continue therapy for home use. Therefore, the request for physical therapy 6 sessions to the right knee and lumbar spine is not medically necessary and appropriate.

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 Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 77-89. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) FITNESS FOR DUTY, FUNCTIONAL CAPACITY EVALUATION.

Decision rationale: The injured worker complained of constant and moderate right knee pain described as aching and sharp. She complained of lumbar spine pain which was constant and moderate to severe pain described as aching and sharp. The injured worker complained of left knee pain which was constant and moderate described as popping and sharp. The American College of Occupational and Environmental Medicine state it may be necessary to obtain a more precise delineation of patient capabilities than is available from routine physical examination. Under some circumstances this may be best done by ordering a Functional Capacity Evaluation of the injured worker. The Official Disability Guidelines recommend a Functional Capacity Evaluation may be used prior to admission to a work hardening program with preference for assessment tailored to a specific task or job. The Functional Capacity Evaluation is not recommended as routine use, as part of an occupational rehab or screening, or generic assessment in which the question is whether someone can do any type of job generally. There is a lack of documentation indicating how the Functional Capacity Evaluation will aid the provider in the injured worker's treatment plan and goals. There is a lack of documentation upon the physical examination of decreased strength and weakness. A lack of documentation of other treatments the injured worker underwent previously and measurements of progress with the prior treatments. The provider did not indicate if the injured worker was to have a work hardening program. There was a lack of significant functional deficits upon the physical exam. The provider failed to indicate whether a work hardening program would be recommended for the injured worker. Therefore, the request for Functional Capacity Evaluation is not medically necessary and appropriate.