

Case Number:	CM14-0037977		
Date Assigned:	06/25/2014	Date of Injury:	05/29/2012
Decision Date:	08/13/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	04/01/2014

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 General Preventive Medicine and is licensed to practice in Indiana. 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 employee is a 40 year old female with date of injury of 5/29/2012. A review of the medical records indicate that the patient is undergoing treatment for lumbar and cervical radiculitis, right shoulder impingement and small rotator cuff tear. Subjective complaints include A constant midline and bilateral paraspinous trapezius discomfort 6/10. Constant right shoulder pain at 5/10 without radiation. Constant low back pain with radiation into her buttock and hips. Pain increases with sitting and standing. Objective findings include decreased range of motion in the cervical spine with tenderness along the midline; right shoulder strength at 4/5; decreased range of motion for the lumbar spine with pain to palpation along the midline. Treatment has included acupuncture, a TENS unit, physical therapy sessions, and several surgical interventions. The utilization review dated 3/6/2014 non-certified a functional capacity evaluation of neck, right hip, low back, and shoulder, MRI and X-ray of the right hip, and a lumbar spine cushion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation neck, right hip, low back, right shoulder: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation, Chronic Pain Treatment Guidelines Functional improvement measures Page(s): 48.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty, Functional Capacity Evaluation.

Decision rationale: MTUS/ACOEM guidelines note that a functional capacity evaluation (FCE) should be considered when necessary to translate medical impairment into functional limitations and determine work capacity. The Official Disability Guidelines indicate FCE is an objective resource for disability managers and is an invaluable tool in the return to work process. The FCE is considered when there is prior unsuccessful return to work attempts, conflicting medical reporting on precautions and/or fitness for modified job, and injuries that require detailed exploration of a worker's abilities. The medical records submitted for review do not document return to work attempts or unsuccessful return to work attempts. There records do not document conflicting medical reporting precautions and/or fitness for modified job duties or that the employee is in the process of returning to work. The request for Functional Capacity Evaluation is not medically necessary and appropriate.

MRI and X ray of the right hip: 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), web-based version, hip chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Hip imaging.

Decision rationale: The medical record does not reveal any hip issues, either as subjective complaints or objective findings. ODG states that, for the hip, and MRI or X ray is appropriate if there are clinical exam findings of osseous, articular, or soft tissue abnormalities. The medical record does not show any such abnormalities. Therefore, and MRI and X-Ray of the Right Hip is not medically necessary.

Lumbar spine cushion: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 298, 301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar and Thoracic, Lumbar support section.

Decision rationale: The above cited guidelines do not recommend lumbar supports beyond the acute phase and there is a lack of evidence supporting their use for relief of low back pain. There is no indication on the medical records that the employee is experiencing positional sleep difficulties, and the employee is beyond the acute phase of the injury. Therefore, a Lumbar Spine Cushion is not medically necessary.