

Case Number:	CM14-0061906		
Date Assigned:	07/11/2014	Date of Injury:	07/11/2012
Decision Date:	09/16/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	05/05/2014

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 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:

The patient is a 51-year-old female employee of [REDACTED] who complains of chronic neck and back pain dating back to an industrial injury of June 1, 2004. The treating physician report dated 4/2/14 indicates that the patient was treated with cervical fusion surgery on 1/22/14. He notes that the injured worker should remain off work to undergo therapy and recover. It is also noted that the injured worker complains of lower back pain and pain into the lower extremity. Exam findings indicate decreased spine flexion and extension. He also notes spasm and tenderness in the lumbar spine along with antalgic gait. The current diagnoses are: Lumbar sprain/strain; Lumbar intervertebral disc disease; Cervical radiculopathy; Shoulder impingement; Elbow tendinitis/bursitis; Wrist tendinitis/bursitis. The utilization review report dated 4/14/14 denied the request for a Functional Capacity Evaluation and 28 Physical Therapy sessions for the neck and shoulder based on the MTUS guidelines.

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 Chronic Pain Treatment Guidelines FUNCTIONAL CAPACITY TESTING Page(s): 125.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM chapter 7, pg 137-138.

Decision rationale: The injured worker is six and a half months status post cervical fusion. She continues to complain of chronic neck and back pain and the 4/2/14 treating physicians report indicates she should remain off work while she undergoes physical therapy and recovers. There is no documentation submitted from the insurance carrier or employer requesting a FCE (functional capacity evaluation). The ACOEM Guidelines state that the examiner is responsible for informing the examinee and the employer about the examinees limitations. ACOEM goes on to state, "The employer or claim administrator may request functional ability evaluations, also known as functional capacity evaluations, to further assess current work capability." The 4/2/14 report makes no mention of a request for a Functional Capacity Evaluation. Since the patient is not permanent and stationary and is beginning an exercise program, it would appear to be premature to request a functional capacity evaluation. The treating physician provides no documentation for the request. For this reason my recommendation is that the request is not medically necessary.

PHYSICAL THERAPY x 28 SESSIONS TO THE NECK AND SHOULDER: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99, Postsurgical Treatment Guidelines.

Decision rationale: The injured worker continues to complain of chronic neck and back pain and is status post cervical fusion as of 1/22/14. The treating physician report dated 4/2/14 has requested 28 Physical Therapy sessions. The MTUS Postsurgical treatment guidelines allow for 24 visits over 16 weeks. The postsurgical physical medicine treatment period is for 6 months. While it is currently unknown if the injured worker had any PT authorized to date, it remains irrelevant since the current request exceeds the guidelines. The MTUS post-surgical guidelines also state, "If postsurgical physical medicine is medically necessary, an initial course of therapy may be prescribed (one half the number specified). With documentation of functional improvement, a subsequent course of therapy shall be prescribed within the parameters of the general course of therapy applicable to the specific surgery. If it is determined that additional functional improvement can be accomplished after completion of the general course of therapy, physical medicine treatment may be continued up to the end of the postsurgical physical medicine period. The treating physician has requested 28 sessions when the maximum allowed is 24, there is no documentation if any post-surgical PT has previously been performed and the initial request is in excess of the 12 initial sessions that are outlined for this type of surgery. For these reasons my recommendation is that the request is not medically necessary.