

Case Number:	CM14-0062935		
Date Assigned:	09/03/2014	Date of Injury:	09/30/2003
Decision Date:	10/10/2014	UR Denial Date:	04/25/2014
Priority:	Standard	Application Received:	05/03/2014

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 Nevada. 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 records, presented for review, indicate that this 50-year-old gentleman was reportedly injured on September 30, 2003. The mechanism of injury was noted as riding in a truck over a bumpy road. The most recent progress note, dated April 10, 2014, indicated that there were ongoing complaints of neck pain, upper back pain, and shoulder pain. The physical examination demonstrated that the left shoulder was higher than the right shoulder. There was tenderness over the cervical spine, cervical paravertebral muscles, and the trapezius muscle. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included a cervical spine discectomy and fusion of C6-C7 and a fusion at L4-L5. A request had been made for a functional capacity evaluation and the use of an inferential unit and was not certified in the pre-authorization process on April 24, 2014.

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 Page(s): 125. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, page 138

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness for Duty, Functional Capacity Evaluation, Updated September 23, 2014.

Decision rationale: According to the Official Disability Guidelines, a functional capacity evaluation is recommended only after prior unsuccessful return to work attempts or when the individual is close to or at maximum medical improvement. The attached medical record does not contain documentation regarding these two criteria. As such, this request for a functional capacity evaluation is not medically necessary.

Interferential unit: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118 and 120.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 118-120.

Decision rationale: The California MTUS Guidelines do not support interferential therapy as an isolated intervention. The Guidelines will support a one-month trial in conjunction with physical therapy, an exercise program, and a return to work plan if chronic pain is ineffectively controlled with pain medications or side effects to those medications. Review of the available medical records fails to document any of the criteria required for an IF unit one-month trial. As such, this request for the use of an inferential unit is not medically necessary.