

<b>Case Number:</b>	CM14-0083534		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	06/20/2011
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	05/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2014

### 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 Occupational Medicine 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 claimant was injured on 06/20/11 when he was driving a bus that was struck on the driver's side by an SUV. A functional capacity evaluation and PT for the cervical and lumbar spines are under review. On 05/02/14, he underwent a medico-legal evaluation. He has had multiple studies including MRIs, x-rays, and electrodiagnostic studies. He had a full course of physical therapy with acupuncture and chiropractic manipulation. He had received multiple consultations. His pain has continued despite treatment. He had tenderness to palpation involving the cervical and lumbar regions. He had decreased range of motion of cervical spine. There were positive orthopedic maneuvers. Range of motion was limited. Motor strength was intact and he had some decreased sensation in C4 and C5 dermatomes. He had limitations of range of motion of the thoracic and lumbar spines. He had decreased range of motion with positive orthopedic maneuvers. Strength was intact. Grip strength was about equal bilaterally. He was diagnosed with cervical radiculitis/neuritis and sprain, lumbar disc herniation with myelopathy and sprain, stress and anxiety. Physical therapy was recommended and he was instructed on a series of home exercises. He was referred to pain management for facet injection consultation. On 05/02/14, he saw Dr. [REDACTED] and requested to return to full duty. He was still seeing a chiropractor. He saw the chiropractor on 06/05/14. He had cervical and lumbar spine pain with sensory loss in the lower extremities. There were some spasms. He was 80% improved. He had received future medical from an AME. There is no mention in the file of an exercise program that was ongoing or indications for a functional capacity evaluation. He was already working full duty.

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG): Fitness for Duty/FCE.

**Decision rationale:** The history and documentation do not objectively support the request for a Functional Capacity Evaluation. The ODG state functional capacity evaluations may be recommended prior to admission to a Work Hardening (WH) Program, with preference for assessments tailored to a specific task or job. In this case, the claimant has already returned to full work. He has had extensive treatment and has few deficits that remain. A course of PT was also recommended, indicating that lower level care was not yet complete. However, he was also instructed in and advised to continue home exercises. Based on all of this information, and without a specifically identified indication for an FCE, the medical necessity of this request has not been clearly demonstrated.

**physical therapy cervical spine 3 times a week for 4 weeks Qty 12 sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

**Decision rationale:** The history and documentation do not objectively support the request for an additional 12 visits of PT for the cervical spine. The claimant has had extensive treatment, including a full course of PT and received home exercise instruction at the time of the medical-legal evaluation on 05/02/14. The MTUS state physical medicine treatment may be indicated for some chronic conditions and patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The claimant has already received HEP instruction and has been released to regular work. There is no clinical information that warrants the continuation of additional formal supervised PT for an extended period of time. There is no evidence that the claimant is unable to complete his rehab with an independent HEP and it is not clear what additional benefit may be anticipated from this PT. The medical necessity of this therapy has not been clearly demonstrated.

**physical therapy lumbar spine 2 times a week for 5 weeks Qty 10 Sessions:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 99.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Treatment Page(s): 130.

**Decision rationale:** The history and documentation do not objectively support the request for an additional 12 visits of PT for the lumbar spine. The claimant has had extensive treatment, including a full course of PT and received home exercise instruction at the time of the medical-legal evaluation on 05/02/14. The MTUS state physical medicine treatment may be indicated for some chronic conditions and patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. The claimant has already received HEP instruction and has been released to regular work. There is no clinical information that warrants the continuation of additional formal supervised PT for an extended period of time. There is no evidence that the claimant is unable to complete his rehab with an independent HEP and it is not clear what additional benefit may be anticipated from this PT. The medical necessity of this therapy has not been clearly demonstrated.