

Case Number:	CM14-0092349		
Date Assigned:	07/25/2014	Date of Injury:	02/13/2013
Decision Date:	09/08/2014	UR Denial Date:	05/27/2014
Priority:	Standard	Application Received:	06/18/2014

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 & Rehab 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 male was reportedly injured on February 13, 2013. The mechanism of injury is undisclosed. The most recent progress note, dated May 21, 2014, is hand written and difficult to read and indicates that there were ongoing complaints of low back pain, right thumb pain, and bilateral shoulder pains. The physical examination demonstrated tenderness and spasms of the lumbar spine as well as decreased motion secondary to pain. There was also tenderness at the base of the right thumb. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included acupuncture and chiropractic care. A request was made for functional improvement measurement with Field Information Memorandum (FIM) using National Institute for Occupational Safety and Health (NOISH) testing every thirty days and was not certified in the preauthorization process on May 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Improvement Measurement with FIM using NOISH testing every 30 days:

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 Official Disability Guidelines (ODG), Low Back - Lumbar and Thoracic, Functional Improvement Measures, Updated July 3, 2014.

Decision rationale: According to the Official Disability Guidelines, functional improvement measures (FMI) are recommended and should be the primary measure of treatment success. FMI used over the course of treatment demonstrate progress in return to functionality and justify further use of ongoing treatment methods. However, there is no evidence supporting these tests being conducted every thirty days. Without any justification for requiring these tests every thirty days, this request for FIM using National Institute for Occupational Safety and Health (NIOSH) testing every thirty days is not medically necessary.