

Case Number:	CM14-0096849		
Date Assigned:	07/23/2014	Date of Injury:	08/07/2012
Decision Date:	08/29/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 56-year-old female with an 8/7/12 date of injury. At the time of request for authorization for Functional Capacity Evaluation and physical therapy two (2) times a week for four (4) weeks, neck, shoulders (4/28/14), there is documentation of subjective complaints of neck pain and right shoulder pain improved with recent course of physical therapy. The objective findings include tenderness to palpation over the cervical spine with decreased range of motion; painful right shoulder range of motion with positive Hawkin's test; tenderness at the left subacromial region; and positive right Tinel's sign at the right wrist. Her current diagnoses include chronic sprain/strain of lumbar spine, cervical spine sprain/strain, right shoulder sprain/strain, and anxiety/depression. The treatment to date includes at least eight physical therapy sessions with improved right shoulder and cervical range of motion. In addition, medical report identifies a request for functional capacity evaluation (FCE) as the patient is at near maximum medical improvement (MMI) and to determine what the patient can handle with future work. Regarding Functional Capacity Evaluation, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful return to work (RTW) attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (all key medical reports secured and additional/secondary conditions have been clarified). Regarding physical therapy two (2) times a week for four (4) weeks, neck, shoulders, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding 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: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Functional Capacity Evaluation, Guidelines for performing an FCE.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 137-138; Official Disability Guidelines (ODG) Fitness For Duty, Functional Capacity Evaluation (FCE).

Decision rationale: MTUS reference to ACOEM guidelines identifies that functional capacity evaluations (FCE) may establish physical abilities and also facilitate the examinee/employer relationship for return to work. The Official Disability Guidelines (ODG) identifies documentation indicating case management is hampered by complex issues (prior unsuccessful return to work (RTW) attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (Close to or at maximum medical improvement (MMI)/all key medical reports secured and additional/secondary conditions have been clarified), as criteria necessary to support the medical necessity of a functional capacity evaluation. Within the medical information available for review, there is documentation of diagnoses of chronic sprain/strain of lumbar spine, cervical spine sprain/strain, right shoulder sprain/strain, and anxiety/depression. In addition, there is documentation that the patient is close to MMI. However, there is no documentation indicating case management is hampered by complex issues (prior unsuccessful RTW attempts, conflicting medical reporting on precautions and/or fitness for modified job, injuries that require detailed exploration of a worker's abilities); and timing is appropriate (all key medical reports secured and additional/secondary conditions have been clarified). Therefore, based on guidelines and a review of the evidence, the request for Functional Capacity Evaluation is not medically necessary.

Physical Therapy two (2) times a week for four (4) weeks, Neck, Shoulders: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines Physical Medicine. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Procedures Summary, Physical Therapy.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Shoulder Chapter; Neck and Upper Back Chapter, Physical Therapy.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines support a brief course of physical medicine for patients with chronic pain not to exceed 10 visits over 4-8 weeks with allowance for fading of treatment frequency, with transition to an active self-directed program of independent home physical medicine/therapeutic exercise. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) recommends a limited course of physical therapy for patients with a diagnosis of cervical sprain/strain and shoulder sprain/strain not to exceed 10 visits over 8 weeks. ODG also notes patients should be formally assessed after a six-visit clinical trial to see if the patient is moving in a positive direction, no direction, or a negative direction (prior to continuing with the physical therapy) and when treatment requests exceeds guideline recommendations, the physician must provide a statement of exceptional factors to justify going outside of guideline parameters. Within the medical information available for review, there is documentation of diagnoses of chronic sprain/strain of lumbar spine, cervical spine sprain/strain, right shoulder sprain/strain, and anxiety/depression. In addition, there is documentation of at least eight previous physical therapy sessions completed to date. Furthermore, given documentation of improved right shoulder and cervical range of motion with previous physical therapy, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of physical therapy provided to date. However, given that the proposed number of sessions, in addition to the sessions already completed, would exceed guidelines, there is no documentation of remaining functional deficits that would be considered exceptional factors to justify exceeding guidelines. Therefore, based on guidelines and a review of the evidence, the request for physical therapy two (2) times a week for four (4) weeks, neck, and shoulders is not medically necessary.