

Case Number:	CM14-0193520		
Date Assigned:	12/01/2014	Date of Injury:	02/28/2013
Decision Date:	01/16/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	11/18/2014

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

This patient is a 29 year old male with a work related injury on February 28, 2012. Diagnoses include post-concussion syndrome, cervical degenerative disc disease (DDD), headache, epicondylitis left elbow, myofascial pain, neck sprain and strain and poor coping with chronic pain. Neurologist progress note dated July 3, 2014 notes that the patient continues to have neck pain and several headaches per week. Physical exam revealed no acute distress and no abnormal physical findings. Recommendation was for trial of Imitrex. Primary treating physician report dated October 7, 2014 states that the patient continues to complain of neck and left elbow pain. Examination revealed "+TTP cervical psm and trap with hypertonicity. +TTP lateral left elbow, weak grip; neuro awake and alert, speech clear." The patient reports acupuncture and physical therapy has been helpful for his headaches and elbow pain in the past. He is currently doing home exercises. Medication therapy includes Amitriptyline 40mg, Topiramate 100mg, Imitrex, and Fenoprofen. Treatment plan is for physical therapy, MRI of the left elbow and Functional capacity evaluation. On October 31, 2014 the Utilization Review determined that request for physical therapy 2 X week, magnetic resonance imaging (MRI) of left elbow and QFCE/functional capacity evaluation to be non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2x a week: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines passive therapy. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Worker Compensation, Neck and Upper Back.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98 and 99.

Decision rationale: This patient presents with neck and left elbow pain. The current request is for Physical Therapy 2x a week. For physical medicine, the MTUS Guidelines page 98 and 99 recommends for myalgia, myositis, and neuritis-type symptoms 9 to 10 sessions over 8 weeks. The number of completed therapy visits to date and the objective response to therapy were not documented in the medical reports submitted for this request. Progress report 10/15/14 notes "patient would like to do physical therapy as this was previously helpful for him." The medical file includes acupuncture treatment reports, but no physical therapy notes are provided. Progress reports note that the patient is participating in a home exercise program. In this case, there is no explanation for why the patient would not be able to continue HEP. There is no report of new injury, new surgery or new diagnosis that could substantiate the request for additional therapy. In addition, the request does not indicate the duration of the recommended therapy. An open-ended prescription for physical therapy cannot be supported. This request is not medically necessary.

MRI of Left elbow: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 10 Elbow Disorders (Revised 2007) Page(s): 33. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment of worker compensation, Elbow procedure

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Elbow chapter, MRI

Decision rationale: This patient presents with neck and left elbow pain. The current request is for MRI of the left elbow. Magnetic resonance imaging (MRI) of left elbow dated October 24, 2014 was normal. It appears the treating physician provided an MRI of the elbow without prior authorization. The ODG Guidelines has the following regarding MRI of the elbow, "recommended as indicated below." Magnetic resonance imaging may provide important diagnostic information for evaluating the adult elbow in many different conditions including collateral ligament injury, epicondylitis, injury to the biceps and triceps tendons, abnormality of the ulnar, radial, or median nerve, and for masses about the elbow joint." In this case, there are no significant objective findings of the left elbow, but given the patient's complaints of continued pain and weakness, an MRI for further investigation may be warranted. ODG allows for an MRI for various different diagnoses of the elbow. The MRI of the elbow is medically necessary.

QFCE/ Functional Capacity Evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines -Treatment for worker compensation, 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) ACOEM guidelines, Chapter 7, pages 137-139 has the following regarding Functional Capacity Evaluations.

Decision rationale: This patient presents with neck and left elbow pain. The current request is for QFCE/Functional Capacity Evaluation. ACOEM Guidelines, pages 137 and 139 do not support routine use of functional capacity evaluation. It states that the examiner is responsible for determining whether the impairment results in functional limitation. There is little evidence that FCEs can predict an individual's actual capacity to perform in the workplace. FCEs are reserved for special circumstances when the employer or adjuster request for it, or if the information from FCEs is crucial. A routine FCE is not supported, and the treating physician is requesting on "to determine work capabilities." In this case, there is no information in the medical records provided to indicate that the employer or adjuster has requested a functional capacity evaluation. This request is not medically necessary.