

Case Number:	CM14-0199432		
Date Assigned:	12/09/2014	Date of Injury:	09/27/2010
Decision Date:	01/28/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	11/28/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 patient is a 63 year old male with a work injury dated 9/27/10. The diagnoses include status post C4-7 anterior partial corpectomy and interbody fusion with cage on 7/21/14 and shoulder dysfunction. Under consideration are requests for functional capacity evaluation QTY #1; range of motion measurements QTY 1; post operative physical therapy x 18 visits. There is an 11/5/14 progress note that states that the patient is much improved after cervical spine surgery. He has right shoulder pain and discomfort. He has difficulty sleeping due to pain. On exam there are tender cervical paraspinals and right trapezial muscles. The right shoulder flexion is 170 degrees, external rotation is intact and internal rotation is 70 degrees. There is a positive Speed's and positive impingement test. There is no atrophy and sensory and motor are intact. There is pain, and weakness on resisted external rotation with arm at the side. The treatment plan is to continue home exercise. The patient does not want shoulder surgery. The patient is to continue cervical spine PT 2-3 x for 6 weeks; FCR and P and S paperwork. The patient is retired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional capacity evaluation QTY #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty- Functional capacity evaluation (FCE).

Decision rationale: Functional capacity evaluation QTY #1 is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that if a worker is actively participating in determining the suitability of a particular job, the FCE is more likely to be successful. A FCE is not as effective when the referral is less collaborative and more directive. One should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. An FCE can be considered also if the injuries that require detailed exploration of a worker's abilities. The documentation indicates that the patient is retired. There are no documents revealing complex work issues or prior return to work attempts. It is unclear why the patient needs an FCE. The request for a functional capacity evaluation QTY #1 is not medically necessary.

Range of motion measurements QTY 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 170-171. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) (ODG) Neck- Flexibility

Decision rationale: Range of motion measurements Qty 1 is not medically necessary per the MTUS and the ODG guidelines. The ODG states that flexibility is not recommended as a primary criteria. The relation between back range of motion measures and functional ability is weak or nonexistent. The MTUS ACOEM guidelines state that because of the marked variation among persons with and without symptoms, range-of-motion measurements of the neck and upper back are of limited value except as a means to monitor recovery in cases of restriction of motion due to symptoms. The documentation is not clear on how range of motion testing will change the treatment plan for this patient . The documentation is not clear on why range of motion testing cannot be completed as a regular physical exam in an office visit. The request for range of motion measurements qty 1 testing is not medically necessary.

Post operative physical therapy x 18 visits: Upheld

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

MAXIMUS guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

Decision rationale: Post-operative physical therapy x 18 visits is not medically necessary per the MTUS Post-Surgical Guidelines. The documentation indicates that the patient has had 8 visits of post op cervical spine therapy. The documentation does not indicate physical therapy documentation of these 8 visits with objective evidence of functional improvement. Although the guidelines recommend up to 24 visits for this condition. An additional 18 visits of therapy would exceed the guideline recommendations for this condition. Without evidence of objective functional improvement and due to the fact that there are no extenuating factors to require exceeding guideline recommendations the request for post-operative physical therapy x 18 visits is not medically necessary.