MAXIMUS Federal Services

Case Number:	CM14-0201708		
Date Assigned:	01/26/2015	Date of Injury:	10/31/2014
Decision Date:	02/20/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/02/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 individual developed a wide spread pain syndrome secondary to work activities that are described to included repetitive lifting and twisting. Other than an injury to the right foot, there is no specific injury or acute trauma documented. The date of injury is 10/31/14. Complaints of pain include the thoracic spine, the lumbar spine, arms and wrists, bilateral knees and bilateral feet. The level of pain is reported to be 7-8/10 in all of these regions. There are also complaints of numbness associated with the pain. The upper extremities are reported to have positive Tinels and Phalens testing. No distribution or 2 point discrimination is reported. No other neurological findings are documented.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of Motion Study: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Musculoskeletal Chapters

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

Decision rationale: MTUS Guidelines do not directly address this issue. ODG Guidelines do directly address this issue and the Guidelines do not support special Range of Motion studies distinct from what is done as part of a routine evaluation. The Guidelines note that that AME Guidelines recommend inclinometers as a very adequate method of measurement. The request for special and specific ROM studies is not consistent with Guidelines and is not medically necessary.

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, FCE

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG - Fitness for Duty, Functional Capacity Evaluations and on the ACOEM 2nd Ed. Chapter 7, Independent Medical Evaluations, pages 137 and 138

Decision rationale: MTUS Guidelines do not specifically address the medical necessity of Functional Capacity Evaluations (FCEs). Other Guidelines do address this issue and are consistent with their recommendations. FCEs are only recommended if communications are established with an employer and there is a specific job task(s) offered and available. Under these circumstances the purpose of the FCE is to evaluate the safety and suitability of predetermined job task(s). In this instance, there is no evidence of any employer communications and there is no evidence of predetermined job tasks that have been made available. There are no unusual circumstances that justify an exception to Guideline recommendations. The requested FCE is not medically necessary.

Chiropractic 1 time per week for 24 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 and 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual Therapy. Page(s): 58.

Decision rationale: MTUS Guidelines supports a limited trial of manipulative therapy for low back pain. The Chronic Pain Guidelines provide more details than ACOEM and they recommend a trial of 6 sessions prior to additional sessions. The Guidelines specifically state that chiropractic is not indicated for carpal tunnel syndrome, forearms or knees. The request for 24 sessions of chiropractic is not consistent with Guidelines and is not medically necessary.

Physical Therapy 2 times per week for 24 weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 58 and 59.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine. Page(s): 99.

Decision rationale: MTUS Guidelines recommend from 8-10 sessions of physical therapy as adequate for nearly all conditions that cause persistent pain. The request for 48 sessions of therapy significantly exceeds what Guideline is recommended. There are no unusual circumstances to justify an exception to Guidelines. The request for physical therapy 2wk for 24 weeks is not medically necessary.

NCV upper and lower extremities: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263, 264, and 300.

Decision rationale: MTUS Guidelines recommend a course of conservative care prior to performing electrodiagnostic studies of the upper extremities. No red-flag conditions or severe condition such as muscle wasting is documented. No reasonable course of conservative care is documented. In addition, MTUS Guidelines do not recommend lower extremity electrodiagnostics without objective neurological loss that does not improve over time or that is aggressively worsening. These circumstances are not documented. The request for upper and lower extremity nerve conduction studies is not medically necessary.

X ray of the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341. Decision based on Non-MTUS Citation Official Disability Guidelines, Knee X Ray

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 341.

Decision rationale: MTUS Guidelines do not recommend knee x-rays unless there is a failure to respond to conservative care and/or there are specific risk factures that support a fracture due to a specific traumatic event. This individual does not meet these recommended standards. There are no unusual circumstances to justify an exception to Guidelines. The X-ray of the right knee is not medically necessary.

X rays of the Thoracic Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177 and 178.

Decision rationale: MTUS Guidelines do not recommend spinal x-rays unless there are "red flag" conditions present and/or there is not response to a reasonable course of conservative care. These Guideline recommendations have not been met and there are no unusual circumstances to justify an exception to Guidelines. The request for X-rays of the thoracic spine is not medically necessary.

X ray of the Lumbar Spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 309. Decision based on Non-MTUS Citation Official Disability Guidelines Lumbar X Rays

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 296, 303.

Decision rationale: MTUS Guidelines do not recommend spinal x-rays unless there are "red flag" conditions present and/or there is not response to a reasonable course of conservative care. These Guideline recommendations have not been met and there are no unusual circumstances to justify an exception to Guidelines. The request for X-rays of the lumbar spine is not medically necessary.