

Case Number:	CM14-0203363		
Date Assigned:	12/15/2014	Date of Injury:	02/28/2011
Decision Date:	03/11/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/05/2014

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 61 year old male sustained a work related injury on 02/28/2011. The injury occurred while standing on an 8 foot ladder when he was retrieving shoes when he lost his balance and fell. He landed on his left shoulder, six to seven feet to the concrete floor below. He subsequently experienced left shoulder pain. According to provider notes dated 02/24/2014, the injured worker presented with chronic pain in the left shoulder and lumbar spine. According to the provider, the injured worker was approved for left shoulder arthroscopy with subacromial decompression and repair as a revision. He was also waiting on authorization for the lumbar epidural steroid injection at level L5-S1. According to a progress report dated 03/17/2014, the injured worker complained of residual pain following recent surgery to the left shoulder. The provider requested 24 sessions of postoperative physiotherapy. Diagnoses included cervical radiculopathy, lumbosacral radiculopathy and shoulder rotator cuff tear. The injured worker was to remain off work. According to the most recent progress report submitted for review and dated 07/14/2014, physiotherapy had been authorized and would be scheduled. Physical examination showed spasm, tenderness and guarding in the paravertebral musculature of the cervical and lumbar spine with loss of range of motion in both. Decrease in sensation was noted in the C5 and L5 dermatome bilaterally. Left shoulder showed impingement and Hawkins signs with range of motion on flexion and abduction to approximately 100 degrees. Strength of the left deltoid was graded 4/5. A healed incision was noted at the site of the previous surgical interventions. Work restrictions were deferred to the primary treating physician. Physiotherapy treatment notes and operative reports were not submitted for review. On 11/07/2014, Utilization

Review modified physiotherapy twice a week for three weeks and non-certified FCE testing that was requested on 10/31/2014. According to the Utilization Review physician in regards to physiotherapy, MTUS Chronic Pain Guidelines notes that physical medicine is recommended in certain situations. The Official Disability Guidelines state that the best practice physical therapy guidelines for lumbar intervertebral disc disorders without myelopathy as that which allows for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical therapy, in 10 visits over 8 weeks for medical treatment, in 1-2 visits over 1 week for post-injection treatment. In this case the injured worker is status post lumbar epidural steroid injection which worsened the symptoms as well as current objective deficits regarding the low back. Partial certification of 2 physical therapy visits was seen as medically necessary to reinforce the injection. In regards to FCE testing, MTUS Chronic Pain Guidelines notes that function improvement measures are recommended. The importance of an assessment is to have a measure that can be used repeatedly over the course of treatment to demonstrate improvement of function or maintenance of function that would otherwise deteriorate. The Official Disability Guidelines notes that FCE is considered in cases where case management is hampered by complex issues and when timing is appropriate. In this case, the claimant complains of pain in the low back. However, there is also no evidence of a failure to return to work. Moreover Official Disability Guidelines notes that FCE is not recommended for routine use as part of occupational rehab or screening or generic assessments in which the question is whether someone can do any type of job generally. Also, pending response from the authorized physical therapy the need for an FCE is not established. The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physiotherapy twice a week for three weeks: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98-99. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Shoulder, Physical Therapy

Decision rationale: Per MTUS CPMTG, physical medicine guidelines state: Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The documentation submitted for review indicates that the injured worker was status post epidural steroid injection which worsened his symptoms. Per the ODG guidelines: Based on current literature, the only need for further physical therapy treatment post ESI would be to emphasize the home exercise program, and this requirement would generally be included in the currently suggested maximum visits for the underlying condition, or at least not require more than 2 additional visits to reinforce the home exercise program. As the guidelines only recommend 2 additional visits, and the request is for 6 visits, the request is not medically necessary. It should be noted that the UR physician has certified a modification of the request for 2 visits.

FCE: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21-22.

Decision rationale: The ACOEM Guidelines in regard to FCE detailed the recommendation for consideration of a Functional Capacity Evaluation when necessary to translate medical impairment into functional limitations to determine work capability. The ODG details the recommendation to consider a FCE if the patient has evidence of prior unsuccessful return to work attempts or there is conflicting medical reporting on precautions and/or fitness for a modified job or if the patient's injuries are such that require detailed exploration of the worker's abilities. The documentation submitted for review fails to indicate if the injured worker has had prior unsuccessful return to work attempts, that the injured worker requires a modification for return to work, or that the injured worker has additional injuries which require detailed exploration of the employee's abilities. These are the criteria set forth by the ODG for the consideration of an FCE. As the criteria are not met, the request is not medically necessary.