

Case Number:	CM15-0016746		
Date Assigned:	02/05/2015	Date of Injury:	02/25/2013
Decision Date:	04/01/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/29/2015

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: Physical Medicine & Rehabilitation

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 injured worker (IW) is a 29 year old male who sustained an industrial injury on 02/25/2013 when he slipped and fell while carrying a heavy object. He has reported sudden severe pain in the right shoulder at the time of the injury. In the exam of 11/21/2014, the IW reported that his pain was at a level of 8/10 increasing to 10/10 when exacerbated by any prolonged standing, turning of the neck, or lifting heavy objects. The pain interferes with sleeping and activities of daily living. Diagnoses include right shoulder rotator cuff sprain, cervical spine sprain, elbow epicondylitis, right rule out carpal tunnel syndrome. Treatments to date include epidural steroid injections, pain medication, and physical therapy. The IW was initially treated for 5-6 months for the injury and recovered fully. At that time he had some injuries to the left side of the neck due to a car accident that was work related with the same company. A progress note from the treating provider dated 11/21/2014 indicates the patient has lumbar pain. In the lumbosacral spine, there is pain on the spinous processes of L5-S1 and the facets of L4-5, L5-S1 bilaterally. There is limited movement and pain on extension, forward flexion and lateral bending. The cervical spine has slightly diminished extension and flexion. Lateral bending is 25/45 bilaterally and rotation is 50/80 on the right and 60/80 on the left with 2+ pain on extension, right lateral bending and right rotation. The thoracic spine has pain on the spinous processes of T10 and T12 on the midline and facets at the same level with moderator parathoracic muscle spasm. Pain is present on the spinous processes of C5-C7 on the midline. There is pain on the facets of C2-C6, 2+ on the right, mild on the left. There was moderate paracervical muscle sprain. There is decreased sensation in the dermatomes of C5 and C6 more than C7, and more on the right side.

Deep tendon reflexes are normal and there are good peripheral pulses. MRI's done 05/28/2013 of the cervical spine showed findings compatible with tendinosis and a 23mm partial tear at the anterior humeral insertion. On 01/12/2015 Utilization Review modified a request for Chiropractic therapy 3 x 4 for lumbar spine, cervical spine and right shoulder to 3x2 visits. The MTUS Chronic Pain Guidelines, Manual therapy and manipulation were cited. On 01/12/2015 Utilization Review non-certified a request for Functional capacity evaluation, noting the FCE is recommended prior to admission to a work Hardening Program with preference for assessments tailored to a specific task or job. The IW has returned to work and an ergonomic assessment has not been arranged. The ODG Guidelines, Fitness for Duty were cited. On 01/12/2015 Utilization Review non-certified a request for Right knee hinged brace, DOS: 12/23/14, no citations were given. On 01/12/2015 Utilization Review modified a request for a TENS (Transcutaneous Electrical Nerve Stimulation) unit to an approval of a 30 day tens trial. No citations were given.

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 ODG, Fitness for Duty.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, Chapter 7, p137-139 has the following regarding functional capacity evaluations.

Decision rationale: Based on the 11/21/14 progress report provided by treating physician, the patient presents with neck pain with numbness and tingling to the right upper extremity, upper back, right knee and lower extremity pain rated 8-10/10. The request is for FUNCTIONAL CAPACITY EVALUATION. RFA with the request was not provided. Patient's diagnosis on 11/21/14 included cervical sprain with disk bulging; cervical radiculopathy; rule out carpal tunnel syndrome; cervical facet arthropathy; right shoulder mild impingement with supraspinatus tendonitis, 3mm partial tear of the anterior humeral insertion of the supraspinatus tendon; thoracic sprain; and lumbar sprain. Patient is on modified duty, per treater report dated 10/03/14. MTUS does not discuss functional capacity evaluations. ACOEM chapter 7, page 137-139 states that the "examiner is responsible for determining whether the impairment results in functional limitations. The employer or claim administrator may request functional ability evaluations may be ordered by the treating or evaluating physician, if the physician feels the information from such testing is crucial." ACOEM further states, "There is little scientific evidence confirming that FCE's predict an individual's actual capacity to perform in the workplace." In this case, the patient has undergone conservative treatment in the form of medications and physical therapy and epidural injection, but continues to have pain. Provided progress reports do not mention a request from the employer or claims administrator. There is no discussion about the current request or prior evaluations in the reports. Routine FCE is not supported by the ACOEM. Additionally, the patient is back to modified duty, per progress report dated 10/03/14. Therefore, the request IS NOT medically necessary.

Chiropractic therapy 3 x 4 for lumbar spine, cervical spine and right shoulder: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy and manipulation Page(s): 57.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Manual therapy & manipulation Page(s): 58-59.

Decision rationale: Based on the 11/21/14 progress report provided by treating physician, the patient presents with neck pain with numbness and tingling to the right upper extremity, upper back, right knee and lower extremity pain rated 8-10/10. The request is for CHIROPRACTIC THERAPY 3 X 4 FOR LUMBAR SPINE, CERVICAL SPINE AND RIGHT SHOULDER. RFA with the request was not provided. Patient's diagnosis on 11/21/14 included cervical sprain with disk bulging; cervical radiculopathy; rule out carpal tunnel syndrome; cervical facet arthropathy; right shoulder mild impingement with supraspinatus tendonitis, 3mm partial tear of the anterior humeral insertion of the supraspinatus tendon; thoracic sprain; and lumbar sprain. Patient is on modified duty, per treater report dated 10/03/14. MTUS Manual Therapy and Manipulation guidelines pages 58, 59 state that treatment is "recommended for chronic pain if caused by musculoskeletal conditions. Ankle & Foot: Not recommended. Carpal tunnel syndrome: Not recommended. Forearm, Wrist, & Hand: Not recommended. Knee: Not recommended." MTUS recommends an optional trial of 6 visits over 2 weeks with evidence of objective functional improvement total of up to 18 visits over 6 to 8 weeks. For recurrences/flare-ups, reevaluate treatment success and if return to work is achieved, then 1 to 2 visits every 4 to 6 months. MTUS page 8 also requires that the treater monitor the treatment progress to determine appropriate course of treatments. For manual therapy, the MTUS guidelines on page 59 states, "Delphi recommendations in effect incorporate two trials, with a total of up to 12 trial visits with a re-evaluation in the middle, before also continuing up to 12 more visits (for a total of up to 24)." In this case, the patient has undergone conservative treatment in the form of medications, physical therapy and epidural injection. UR letter dated 01/12/15 modified the request to 6 visits. Medical records do not indicate prior chiropractic treatment. Given the patient's continued complaints of pain and a lack of documentation of any recent chiropractic treatment, the requested 12 sessions is supported by MTUS Guidelines. Therefore, the request IS medically necessary.

TENS unit: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS in chronic intractable pain Page(s): 114-116.

Decision rationale: Based on the 11/21/14 progress report provided by treating physician, the patient presents with neck pain with numbness and tingling to the right upper extremity, upper back, right knee and lower extremity pain rated 8-10/10. The request is for TENS UNIT. RFA

with the request was not provided. Patient's diagnosis on 11/21/14 included cervical sprain with disk bulging; cervical radiculopathy; rule out carpal tunnel syndrome; cervical facet arthropathy; right shoulder mild impingement with supraspinatus tendonitis, 3mm partial tear of the anterior humeral insertion of the supraspinatus tendon; thoracic sprain; and lumbar sprain. Patient is on modified duty, per treater report dated 10/03/14. According to MTUS Chronic Pain Management Guidelines the criteria for use of TENS in chronic intractable pain (p116) "a one month trial period of the TENS unit should be documented (as an adjunct to other treatment modalities within a functional restoration approach) with documentation of how often the unit was used, as well as outcomes in terms of pain relief and function during this trial." Treater has not provided reason for the request, nor documented how it would be used. Treater has not indicated whether the unit is for rental or purchase. MTUS requires documentation of one month prior to dispensing home units, as an adjunct to other treatment modalities, with a functional restoration approach; which was not provided. Furthermore, patient does not present with an indication for TENS unit. MTUS supports units for neuropathic pain, spasticity, MS, phantom pain and others: but not low back or neck pain. The request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.

Right knee hinged brace, DOS: 12/23/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 338. Decision based on Non-MTUS Citation Official disability guidelines Knee and leg Chapter, Knee brace.

Decision rationale: Based on the 11/21/14 progress report provided by treating physician, the patient presents with neck pain with numbness and tingling to the right upper extremity, upper back, right knee and lower extremity pain rated 8-10/10. The request is for RIGHT KNEE HINGED BRACE DOS 12/23/14. RFA with the request was not provided. Patient's diagnosis on 11/21/14 included cervical sprain with disk bulging; cervical radiculopathy; rule out carpal tunnel syndrome; cervical facet arthropathy; right shoulder mild impingement with supraspinatus tendonitis, 3mm partial tear of the anterior humeral insertion of the supraspinatus tendon; thoracic sprain; and lumbar sprain. Patient is on modified duty, per treater report dated 10/03/14. ACOEM pg 338, table 13-3 Methods of Symptom control for knee complaints, under Options, for meniscal tears, collateral ligament strain, cruciate ligament tear, "Immobilizer only if needed" Under Patellofemoral syndrome a knee sleeve is an option. ODG Guidelines under the Knee Chapter does recommend knee brace for the following conditions, knee instability, ligament insufficient, reconstruction ligament, articular defect repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unit compartmental OA, or tibial plateau fracture. It further states "Usually a brace is necessary only if the patient is going to be stressing the knee under load, such as climbing ladders or carrying boxes. For the average patient, using a brace is usually unnecessary. In all cases, braces need to be properly fitted and combined with a rehabilitation program." Treater has not provided reason for the request. Patient complains of right knee pain. There are no discussions of knee instability, ligament insufficient, reconstruction ligament, articular defect

repair, avascular necrosis, meniscal cartilage repair, painful failed total knee arthroplasty, painful high tibial osteotomy, painful unicompartamental OA, or tibial plateau fracture. There are no meniscal tears, collateral ligament strain, cruciate ligament tear noted in available progress reports. There is no documentation that patient had surgery to the knee. Treater does not mention that the patient is going to be stressing the knee under load, either. The request does not meet guideline indications. Therefore, the request for a right knee brace IS NOT medically necessary.