

<b>Case Number:</b>	CM15-0184161		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	05/08/2015
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	08/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 49 year old female patient who sustained an industrial injury on 5-8-15. She sustained the injury due to a slip and fall incident. The diagnoses included headache, cervical musculoligamentous injury, cervical muscle spasm, rule out cervical disc protrusion, rule out cervical radiculitis versus radiculopathy, right shoulder myoligamentous injury, rule out shoulder internal derangement, history of surgery-right shoulder 2008, right elbow myoligamentous injury, right hip sprain-strain, right sacroiliac joint sprain, left foot sprain-strain, and left heel spur. Per the primary treating physician's initial comprehensive report dated 8-6-15, she had complains of frequent moderate achy headache, constant moderate achy neck pain, stiffness and numbness radiating to the right arm and hand, aggravated by turning; constant severe achy right shoulder pain, stiffness heaviness, and numbness, aggravated by reaching, pulling, pushing and overhead reaching; a grinding noise; intermittent moderate achy right elbow pain and stiffness, associated with pushing and pulling, constant moderate right hip pain, aggravated by standing and walking, and frequent moderate achy left heel pain associated with standing and walking. The physical examination revealed a JAMAR grip strength of left 14, 14, 15 and right 8,8,8; 3+ tenderness to palpation of the cervical spine, right shoulder, right hip, right elbow and left heel as well as painful decreased range of motion in the cervical spine, right shoulder and right hip. The medication list includes cyclobenzaprine, acetaminophen, nabumetone and orphenadrine. She has had X-rays for the neck, back and right shoulder on 5/15/2015 with negative results. She has undergone right shoulder rotator cuff repair in 2008. She was prescribed 6 chiropractic sessions on 5/15/2015. The work status is - modified duties beginning 8-7-15. The requested treatment of chiropractic treatment, physiotherapy and kinetic activity 2-3 times a week for 6 weeks, referral to an orthopedic for consultation, and Functional Capacity Evaluation was non-certified on 8-19-15.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Chiropractic treatment, physiotherapy and kinetic activity, 2-3 times a week for 6 weeks:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation, Physical Medicine.

**Decision rationale:** Chiropractic treatment, physiotherapy and kinetic activity, 2-3 times a week for 6 weeks. Per the MTUS chiropractic treatment guidelines chiropractic therapy is recommended as an option for low back complaints. The guidelines recommend "Therapeutic care - Trial of 6 visits over 2 weeks, with evidence of objective functional improvement. Elective/maintenance care - Not medically necessary. Several studies of manipulation have looked at duration of treatment, and they generally showed measured improvement within the first few weeks or 3-6 visits of chiropractic treatment, although improvement tapered off after the initial sessions. If chiropractic treatment is going to be effective, there should be some outward sign of subjective or objective improvement within the first 6 visits." Cited guidelines recommend 9 to 10 physical therapy visits for chronic pain. Therefore the request is beyond the recommendations of the cited criteria. "One of the goals of any treatment plan should be to reduce the frequency of treatments to the point where maximum therapeutic benefit continues to be achieved while encouraging more active self-therapy, such as independent strengthening and range of motion exercises, and rehabilitative exercises. Patients also need to be encouraged to return to usual activity levels despite residual pain, as well as to avoid catastrophizing and overdependence on physicians, including doctors of chiropractic." She was prescribed for 6 chiropractic sessions on 5/15/2015. The response/outcome of this conservative therapy is not specified in the records provided. Per the cited guidelines, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of Chiropractic treatment, physiotherapy and kinetic activity, 2-3 times a week for 6 weeks is not established for this patient at this time. Therefore, the request is not medically necessary.

**Referral to an Orthopedic for consultation:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Neck and Upper Back Complaints 2004, and Shoulder Complaints 2004, and Elbow Complaints 2007, and Ankle and Foot Complaints 2004.

**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) Chapter 7, Independent Medical Examinations and Consultations, page 127.

**Decision rationale:** Referral to an Orthopedic for consultation. Per the cited guidelines, "The occupational health practitioner may refer to other specialists if a diagnosis is uncertain or extremely complex, when psychosocial factors are present, or when the plan or course of care may benefit from additional expertise." Per the records provided, the patient had pain over multiple body areas including neck, right upper extremity, right hip and left heel. The patient has significant objective findings on the physical examination- a JAMAR grip strength of left 14, 14, 15 and right 8,8,8; 3+ tenderness to palpation of the cervical spine, right shoulder, right hip, right elbow and left heel as well as painful decreased range of motion in the cervical spine, right shoulder and right hip. The patient also has a history of right shoulder surgery in 2008. The patient has tried conservative treatment including medications. Referral to an orthopedic specialist is medically appropriate for management of the patient's conditions. The request for Referral to an orthopedic specialist for consultation is medically appropriate and necessary in this patient at this juncture.

**Functional capacity evaluation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS General Approaches 2004, Section(s): General Approach to Initial Assessment and Documentation, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Procedure Summary- Guidelines for performing an FCE.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Fitness for Duty (updated 09/09/15), Functional capacity evaluation (FCE) and Other Medical Treatment Guidelines American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, 2004), Chapter:7 Independent Medical Examinations and Consultations, Referral Issues and the Independent Medical Examination (IME) Process, Page-137-138.

**Decision rationale:** Functional capacity evaluation. Per the cited guidelines, "There is little scientific evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions." Per the cited guidelines above "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. It is important to provide as much detail as possible about the potential job to the assessor. Job specific FCEs are more helpful than general assessments. The report should be accessible to all the return to work participants. Consider an FCE if 1. Case management is hampered by complex issues such as: Prior unsuccessful RTW attempts. Conflicting medical reporting on precautions and/or fitness for modified job. - Injuries that require detailed exploration of a worker's abilities. 2. Timing is appropriate: Close or at MMI/all key medical reports secured. -

Additional/secondary conditions clarified. Do not proceed with an FCE if: The sole purpose is to determine a worker's effort or compliance. The worker has returned to work and an ergonomic assessment has not been arranged." Any complex issues that hampered case management or prior unsuccessful RTW attempts are not specified in the records provided. Evidence of conflicting medical reporting on precautions and/or fitness for modified job or any injuries that require detailed exploration of a worker's abilities are not specified in the records provided. The pt was referred to an orthopedic specialist. The outcome of that referral is pending. The medical necessity of a Functional capacity evaluation is not fully established for this patient at this juncture. Therefore, the request is not medically necessary.