

Case Number:	CM15-0192986		
Date Assigned:	10/07/2015	Date of Injury:	11/21/2014
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/01/2015

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: Massachusetts

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:

The injured worker is a 58 year old male who sustained an industrial injury November 21, 2014. Diagnoses are cervical disc herniation without myelopathy; lumbar disc displacement without myelopathy; thoracic disc displacement without myelopathy; post-concussion syndrome; right ankle sprain, strain. According to a primary treating physician's progress report dated August 24, 2015, the injured worker presented with constant severe sore cervical spine pain aggravated by lifting the head; constant moderate lumbar spine pain with radiating pain down to the bilateral lower extremities, aggravated by walking; constant severe throbbing headache with blurry vision; thoracic pain increased with walking; and constant severe right ankle and foot pain aggravated by walking. Objective findings included; cervical 3+ spasm and tenderness C2-C7, bilateral suboccipital muscles and bilateral upper shoulder muscles axial compression test positive, distraction test and shoulder depression tests are positive bilaterally, left triceps reflex was decreased; thoracic 3+ spasm and tenderness T8-T12; lumbar- 3+ spasm and tenderness L1-S1 and multifidus, Kemp's and Yeoman's positive bilaterally, left patellar reflex decreased; ankle and feet- minimal swelling of the right ankle, 3+ tenderness right anterior heel and anterior mortise joint, varus positive on the right. Treatment plan included physician documentation that acupuncture was denied and utilization review recommended a qualified functional capacity evaluation. To date, the injured worker has completed 25 sessions of acupuncture therapy. Medication was ordered and the injured worker was taught a series of home exercises as part of the education plan. At issue, is the request for authorization dated August 24, 2015, for a qualified functional capacity evaluation and range of motion measurement. According to utilization review dated September 8, 2015, the requests for Range of Motion Measurement and a qualified Functional Capacity evaluation were non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Range of motion measurement: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: The ACOEM Chapter 2 on General Approaches indicates that specialized treatments or referrals require a rationale for their use. According to the documents available for review, there is no rationale provided to support a range of motion measurement of unspecified body part. Therefore, at this time, the requirements for treatment have not been met; the request is not medically necessary.

Qualified functional capacity evaluation: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ACOEM, 2nd Edition (2004), Independent Medical examinations and Consultations.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Prevention, General Approach to Initial Assessment and Documentation, Initial Approaches to Treatment, Cornerstones of Disability Prevention and Management.

Decision rationale: ACOEM Chapter 7, Independent Medical Examinations and Consultations, pages 132-139, indicates that Functional capacity evaluations may be ordered by the treating physician to further assess current work capability if the physician feels that information from such testing is crucial. FCE may establish physical abilities and also facilitate the examinee / employer relationship for return to work. In addition, ODG recommend a FCE prior to admission to a Work Hardening program, especially for assessments tailored to a specific job. According to the documents available for review, there is no indication that the IW has attempted to return to work unsuccessfully or is entering a work hardening program. Thus, an FCE would not be helpful. Therefore, at this time, the requirements for treatment have not been met, and medical necessity has not been established. Therefore, the request is not medically necessary.