

Case Number:	CM15-0207548		
Date Assigned:	10/26/2015	Date of Injury:	08/10/2015
Decision Date:	12/08/2015	UR Denial Date:	10/13/2015
Priority:	Standard	Application Received:	10/21/2015

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: 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:

The injured worker is a 67 year old female, who sustained an industrial injury on 8-10-15. The injured worker has complaints of back pain and bilateral knee pain. The left and right knee has ecchymosis and swelling and the examination of the right knee reveals no evidence of the following condition, erythema, ecchymosis, scars, swelling, masses, deformities and open wounds. There are spasms of the thoracolumbar spine and paravertebral musculature moderate and there is tenderness of the thoracolumbar spine and paravertebral musculature, moderate. Range of motion of the back is restricted. The left knee is tender on the left media joint line and the left knee is tender on the left lateral joint line. The left patella is tender. Lumbar spine X-rays were revealed as normal. Left knee X-rays were revealed as normal. The diagnoses have included sprain and strain of lumbar; sprain and strain coccyx; sprain and strain sacrum and contusion knee. Treatment to date has included nabumetone. The original utilization review (10-13-15) non-certified the request for Functional Improvement Measures using National Institute for Occupational Safety and Health (NIOSH) testing every 30 days and chiropractic 2 x week x 6 weeks for the back.

IMR ISSUES, DECISIONS AND RATIONALES

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

Functional Improvement Measures using NIOSH Testing every 30 Days: 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), Pain, Functional improvement measures and on the Non-MTUS NIOSH research efforts to prevent musculoskeletal disorders in the healthcare industry. Waters T1, Collins J, Galinsky T, Caruso C.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures, Work conditioning, work hardening. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness for Duty Chapter/Functional Capacity Evaluation (FCE) Section.

Decision rationale: The MTUS Guidelines state that a functional capacity evaluation (FCE) may be required for admission to a work hardening program, but do not provide specific recommendations regarding the FCE alone. The ODG recommends the use of FCE prior to admission to a work hardening program. The ODG provides specific guidelines for performing an FCE and state to 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. It is recommended to not proceed with an FCE if; 1) the sole purpose is to determine a worker's effort or compliance. 2) The worker has returned to work and an ergonomic assessment has not been arranged. In this case, there is no indication that the injured worker is entering a work hardening program. Additionally, there is no justification for a FCE once per month. The request for functional improvement measures using NIOSH testing every 30 days is not medically necessary.

Chiropractic 2xWk x 6Wks for the Back: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back, Manipulation; Chiropractic Guidelines.

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

Decision rationale: Per the MTUS Guidelines, chiropractic care consisting of manual therapy and manipulation for the low back is recommended for chronic pain if caused by musculoskeletal conditions. Manual therapy is widely used in the treatment of musculoskeletal pain. The intended goal or effect is the achievement of positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. A therapeutic trial of 6 visits over 2 weeks is recommended. If there is evidence of objective functional improvement, a total of up to 18 visits over 6 to 8 weeks is recommended. Elective or maintenance care is not recommended. Recurrences or flare ups should be evaluated for treatment success, and if return to work is achieved, 1-2 visits every 4-6 months is reasonable. This request for 12 chiropractic sessions exceeds the recommendations of the guidelines. The request for chiropractic 2xWk x 6Wks for the back is not medically necessary.