

Case Number:	CM15-0209592		
Date Assigned:	10/28/2015	Date of Injury:	12/27/2003
Decision Date:	12/10/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	10/24/2015

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: Arizona, 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:

The injured worker was a 54 year old female, who sustained an industrial injury, December 27, 2003. The injured worker was undergoing treatment for residual neck pain, continued back pain and left shoulder pain and status post cervical surgery. According to progress note of October 5, 2015, the injured worker's chief complaint was residual neck pain, continued back pain and left shoulder pain, which had improved since surgery. The injured worker had good improvement after surgery. The objective findings noted limited range of motion secondary to pain. There was pain with palpation over the cervical spine with muscle spasms. There was pain in the left shoulder with palpation with decreased range of motion. There was positive impingement sign of the left shoulder. The injured worker previously received the following treatments anti-inflammatory medication, physical therapy, acupuncture, modification of activities and ACDF C6-C7, disc displacement C5-C6 on January 15, 2013 with postoperative improvement and flexion x-rays taken May 27, 2015, noted the fusion of C5-C6 was complete. The UR (utilization review board) denied certification on October 9, 2015; for the functional capacity evaluation and physical therapy 2 times a week for 6 weeks for the treatment of the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Consultation Functional Capacity Evaluation QTY 1: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM guidelines, 2nd Edition, 2004, Chapter 7, Independent Medical Examination & Consultations, pages 137 and 138.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Chronic pain programs (functional restoration programs).

Decision rationale: According to the guidelines, activities at work that increase symptoms need to be reviewed and modified. A functional capacity evaluation is indicated when information is required about a worker's functional abilities that is not available through other means. It is recommended that wherever possible should reflect a worker's capacity to perform the physical activities that may be involved in jobs that are potentially available to the worker. In this case there is no mention of returning to work or description of work duties that require specific evaluation. No documentation on work hardening is provided. As a result, a functional capacity evaluation is not medically necessary.

Physical therapy 2 times a week for 6 weeks for cervical spine QTY 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine, and Postsurgical Treatment 2009, Section(s): Neck & Upper Back.

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Summary, and Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They 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 following diagnoses have their associated recommendation for number of visits: Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant's surgery was 2 years ago. The amount of therapy completed is unknown. There is no indication that additional therapy cannot be completed at home. The request for 12 sessions of physical therapy is not medically necessary.