

Case Number:	CM15-0028289		
Date Assigned:	02/20/2015	Date of Injury:	06/06/2013
Decision Date:	04/06/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/13/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 63 year old male, who sustained an industrial injury on June 6, 2013. He has reported lower back pain and right shoulder pain. The diagnoses have included cervicobrachial syndrome, complete rotator cuff rupture, lumbar spine strain/sprain, lumbar spine degenerative disc disease, post laminectomy syndrome, and chronic pain syndrome. Treatment to date has included medications, heat, rest, lumbar spine surgery, and imaging studies. A progress note dated January 13, 2015 indicates a chief complaint of continued lower back pain radiating to the leg, and right shoulder pain. Physical examination showed decreased range of motion of the lumbar spine, and decreased strength of the left leg. The treating physician is requesting a functional capacity evaluation and physical therapy follow up for twelve sessions. On January 28, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule and Official Disability Guidelines. On February 13, 2015, the injured worker submitted an application for IMR for review of a functional capacity evaluation and physical therapy follow up for twelve sessions.

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 Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 91. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Fitness For Duty- Functional capacity evaluation (FCE).

Decision rationale: Functional capacity evaluation is not medically necessary per the ODG and MTUS Guidelines. The MTUS states that in many cases, physicians can listen to the patient's history, ask questions about activities, and then extrapolate, based on knowledge of the patient and experience with other patients with similar conditions. If a more precise delineation is necessary to of patient capabilities than is available from routine physical examination under some circumstances, this can best be done by ordering a functional capacity evaluation of the patient. The ODG states that 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. The ODG reports that one should consider an FCE if case management is hampered by complex issues such as prior unsuccessful return to work attempts or if there are conflicting medical reporting on precautions and/or fitness for modified job. There are no documents revealing complex work issues or prior return to work attempts. There is no documentation that the worker is actively participating in determining the suitability for a job. The request for a functional capacity evaluation is not medically.

Physical therapy follow up sessions Qty: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Postsurgical Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: Physical therapy follow up sessions Qty: 12 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The patient is out of the post operative period for this surgery. The guidelines recommend up to 10 visits for this condition. The documentation indicates that the patient has had prior physical therapy but there are no objective documents indicating evidence that prior PT has aided in functional improvement. The request for additional supervised PT is not medically necessary as the patient should be versed in a home exercise program. Therefore, the request for physical therapy follow up sessions Qty:12 is not medically necessary.