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| Case Number: | CM15-0217422 | | |
| Date Assigned: | 11/09/2015 | Date of Injury: | 01/14/2015 |
| Decision Date: | 12/18/2015 | UR Denial Date: | 10/07/2015 |
| Priority: | Standard | Application Received: | 11/04/2015 |

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: Physical Medicine & Rehabilitation

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 injured worker is a 27 year old male, who sustained an industrial injury on 01-14-2015. The injured worker was diagnosed as having multiple traumatic wounds to the left bilateral lower extremities with status post open reduction and internal fixation of the left lower extremity. Possible open multiple fractures of the right lower extremity with status post open reduction internal fixations to the right leg, right tibia and fibula, multiple fracture noted, possible sinus tract infection with possible osteomyelitis of the left lower extremity and possible nonunion of the left lower extremity-distal third. On medical records dated 09-10-2015, the subjective complaints were noted as bilateral lower extremities pain. Pain was noted as 2-4 out of 10. Objective findings were noted as bilateral lower extremities were noted to have postsurgical scars. Full range of motion was noted on right. Left leg was noted to have sinus tract infections on the left distal medial this of the leg which was completely healed over at this point, but still has wet gauze dressing periodically. Left ankle revealed a decreased arrange of motion of the left ankle. Treatment to date included surgical intervention, medication and physical therapy. Current medications were listed as denying taking any medication. The Utilization Review (UR) was dated 10-07-2015. A Request for Authorization was dated 09-10-2015. The UR submitted for this medical review indicated that the request for Chiropractic treatment, left lower extremity, 2-3 times weekly for 6 weeks, 18 sessions and functional capacity evaluation (FCE) was non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Chiropractic treatment, left lower extremity, 2-3 times weekly for 6 weeks, 18 sessions:
Upheld

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

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

Decision rationale: MTUS Guidelines supports chiropractic manipulation for musculoskeletal injury. The intended goal is the achievement of positive musculoskeletal conditions via positive symptomatic or objective measurable gains in functional improvement that facilitate progression in the patient's therapeutic exercise program and return to productive activities. It is unclear if Chiropractic treatment has been rendered; however, guidelines recommend a trial of 6 visits over 2 weeks as treatment beyond 4-6 visits should be documented with objective improvement in function. With treatment success of return to work status achieved then an additional 1-2 visits every 4-6 months may be appropriate for recurrence or flare-up of symptoms. Submitted reports have not demonstrated the indication or extenuating circumstances to support for the excessive quantity of 18 chiropractic sessions beyond guidelines criteria. It is unclear how many sessions have been completed to date. Submitted reports have not demonstrated clear specific functional benefit or change in chronic symptoms and clinical findings for this chronic injury. There are unchanged clinical findings and functional improvement in terms of decreased pharmacological dosing with pain relief, decreased medical utilization, increased ADLs or improved functional status from previous chiropractic treatment rendered if completed. Clinical exam remains unchanged without acute flare-up, new red-flag findings, or new clinical findings to support continued treatment consistent with guidelines criteria. It appears the patient has received a multiple conservative treatment modality trial; however, remains not changed without functional restoration approach. The Chiropractic treatment, left lower extremity, 2-3 times weekly for 6 weeks, 18 sessions is not medically necessary and appropriate.

Functional capacity evaluation (FCE): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOEM Occupational Medicine Practice Guidelines, Chapter 7: Independent Medical Examinations and Consultations, pages 132-139.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Functional improvement measures.

Decision rationale: Though functional capacity evaluations (FCEs) are widely used and promoted, it is important for physicians and others to understand the limitations and pitfalls of these evaluations. Functional capacity evaluations may establish physical abilities, and also facilitate the examinee/employer relationship for return to work. However, FCEs can be deliberately simplified evaluations based on multiple assumptions and subjective factors, which are not always apparent to their requesting physician. There is little scientific

evidence confirming that FCEs predict an individual's actual capacity to perform in the workplace; an FCE reflects what an individual can do on a single day, at a particular time, under controlled circumstances, that provide an indication of that individual's abilities. As with any behavior, an individual's performance on an FCE is probably influenced by multiple nonmedical factors other than physical impairments. For these reasons, it is problematic to rely solely upon the FCE results for determination of current work capability and restrictions. It is the employer's responsibility to identify and determine whether reasonable accommodations are possible to allow the examinee to perform the essential job activities. The patient has received a significant amount of conservative treatments without sustained long-term benefit. The patient continues to treat for ongoing significant symptoms with further plan for care without any work status changed. It appears the patient has not reached maximal medical improvement and continues to treat for chronic pain symptoms. Current review of the submitted medical reports has not adequately demonstrated the indication to support for the request for Functional Capacity Evaluation as the patient continues to actively treat. Per the ACOEM Treatment Guidelines on the Chapter for Independent Medical Examinations and Consultations regarding Functional Capacity Evaluation, there is little scientific evidence confirming FCEs ability to predict an individual's actual work capacity as behaviors and performances are influenced by multiple nonmedical factors which would not determine the true indicators of the individual's capability or restrictions. The Functional Capacity Evaluation (FCE) is not medically necessary and appropriate.