

Case Number:	CM14-0116806		
Date Assigned:	09/23/2014	Date of Injury:	01/28/2013
Decision Date:	10/29/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Pain Medicine and is licensed to practice in Minnesota. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 49-year-old female with a reported date of injury of January 28, 2013. The mechanism of injury was not listed in the records. The injured worker's diagnoses included cervical sprain/strain, cervical myofasciitis, right shoulder sprain/strain, right shoulder muscle spasms, and status post right carpal tunnel release. The injured worker's past treatments included pain medication. There was no relevant diagnostic testing submitted for review. There was no relevant surgical history noted in the records. The subjective complaints on July 10, 2014 included frequent neck pain that was rated 5/10. She also complained of right shoulder pain with a burning sensation that was rated 5/10. The objective physical exam findings noted motor strength to be rated 5/5 bilaterally in the upper extremities. The cervical range of motion was decreased and painful. The right shoulder range of motion was decreased and painful. The sensation examination noted that sensation was decreased globally in the right upper extremity. The injured worker's medications included naproxen, Prilosec, tramadol, Motrin, and Methoderm ointment. The treatment plan was to prescribe physical therapy 3 times per week times 6 weeks. A request was received for physical therapy (18 visits) and a functional capacity evaluation (FCE). The rationale for the request was not provided in the notes. The Request for Authorization form was dated July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy (18 visits): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine.

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

Decision rationale: The request for physical therapy is not medically necessary. The California MTUS Guidelines state that up to 10 visits of physical therapy may be supported for unspecified myalgia and continued visits should be contingent on documentation of objective improvement. The injured worker has chronic neck, right shoulder, and right hand pain. The notes did indicate that there was decreased range of motion in the cervical spine and in the right shoulder; however, no range of motion values were listed in order to objectively define the severity of the delays. Additionally, in the absence of decreased range of motion or decreased motor strength, the request is not supported by the guidelines. Additionally, the request is for 18 visits, which exceeds the 10 visit guideline recommendations. Given the above, the request is not supported by the guidelines. As such, the request is not medically necessary.

Functional Capacity Evaluation (FCE): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment for Worker's Compensation, Fitness for duty

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Fitness For Duty, Functional capacity evaluation (FCE).

Decision rationale: The request for a Functional Capacity Evaluation is not medically necessary. The California MTUS/ACOEM Practice Guidelines state in regard to functional capacity evaluations, that determining limitations is not really a medical issue. More specifically, the Official Disability Guidelines state that functional capacity evaluations are recommended prior to admission to a work hardening program or the patient has had prior unsuccessful return to work attempt. The injured worker presented with chronic right shoulder pain and neck pain. The rationale for this request was not provided within the notes. There was no evidence that the injured worker was attempting to enter a work hardening program or that she has had prior unsuccessful return to work attempts. Given the lack of documentation, the request is not supported by the evidence-based guidelines. As such, the request is not medically necessary.